

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 9:01 pm
--	----------------------	---------------------------------------	---

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2016	Time: 9:01 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**  
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL ( 150112 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	197,437	141,244	-13,140	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	35,826	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	233,263	141,244	-13,140	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112			Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47201-		County: BARTHOLOMEW		
1.00 Street: 2400 EAST 17TH STREET		2.00 City: COLUMBUS								
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00
21.00	Type of Control (see instructions)						8		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,499	2,835	7	0	2,738	54		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	50	155	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N				87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	683,992		0		0	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	Y	12/31/2015		146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0			168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50			169.00		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	04/20/2015		07/18/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 3:03 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 3:03 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/20/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	Y	MGD CARE PART A DISCH & PT DAYS	N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/20/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/20/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/24/2016 3:03 pm

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	CATHERINE	1.00
2.00	Last Name	SI MMONS	2.00
3.00	Title	MANAGER ACCT/REPORT/REIMB	3.00
4.00	Employer	COLUMBUS REGIONAL HOSPITAL	4.00
5.00	Phone Number	(812)376-5248	5.00
6.00	E-mail Address	CSIMMONS@CRH.ORG	6.00
7.00	Department		7.00
8.00	Mailing Address 1	2400 EAST 17TH STREET	8.00
9.00	Mailing Address 2		9.00
10.00	City	COLUMBUS	10.00
11.00	State	IN	11.00
12.00	Zip	47201	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	MARLENE	13.00
14.00	Last Name	WEATHERWAX	14.00
15.00	Title	VP FINANCE & CFO	15.00
16.00	Employer	COLUMBUS REGIONAL HOSPITAL	16.00
17.00	Phone Number	(812)376-5205	17.00
18.00	E-mail Address	MWEATHERWAX@CRH.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	2400 EAST 17TH STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	COLUMBUS	22.00
23.00	State	IN	23.00
24.00	Zip	47201	24.00

HFS Supplemental Information		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 5/24/2016 3:03 pm
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,180	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,750	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		168				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,268	5,102	26,317			1.00
2.00 HMO and other (see instructions)	2,652	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	407	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,268	5,102	26,317			7.00
8.00 INTENSIVE CARE UNIT	1,367	361	2,875			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,670	3,324			13.00
14.00 Total (see instructions)	13,635	7,133	32,516	0.00	1,223.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,825	205	4,220	0.00	24.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,247.00	27.00
28.00 Observation Bed Days		709	3,579			28.00
29.00 Ambulance Trips	4,254					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,796	1,506	8,612	1.00
2.00 HMO and other (see instructions)			714	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,796	1,506	8,612	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	208	15	323	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	70,323,267	-221,668	70,101,599	2,563,353.00	27.35
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		180,416	0	180,416	4,160.00	43.37
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,497,798	772,015	5,269,813	230,602.00	22.85
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		10,861,188	0	10,861,188	233,261.00	46.56
12.00	Contract labor: Top level management and other management and administrative services		1,410,808	0	1,410,808	32,777.00	43.04
13.00	Contract labor: Physician-Part A - Administrative		3,428,569	0	3,428,569	29,264.00	117.16
14.00	Home office salaries & wage-related costs		3,799,620	0	3,799,620	16,394.00	231.77
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		22,744,984	0	22,744,984		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,847,596	0	1,847,596		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		63,254	0	63,254		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,115,036	-159,524	955,512	4,634.00	206.20
27.00	Administrative & General	5.00	10,639,665	397,407	11,037,072	404,443.00	27.29
28.00	Administrative & General under contract (see inst.)		3,337,777	0	3,337,777	34,447.00	96.90
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,969,916	0	1,969,916	71,030.00	27.73
31.00	Laundry & Linen Service	8.00	56,170	0	56,170	3,821.00	14.70
32.00	Housekeeping	9.00	1,649,833	-1,736	1,648,097	119,253.00	13.82
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,814,947	-1,254,349	560,598	35,482.00	15.80
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,241,379	1,241,379	81,595.00	15.21
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,145,348	-12,041	3,133,307	77,218.00	40.58
39.00	Central Services and Supply	14.00	10,877	0	10,877	931.00	11.68
40.00	Pharmacy	15.00	3,186,616	-199,843	2,986,773	73,041.00	40.89

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,327,881	-674,763	653,118	32,277.00	20.23	41.00
42.00	Social Service	17.00 502,132	3,814	505,946	14,640.00	34.56	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2016 3:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	73,480,628	-221,668	73,258,960	2,593,640.00	28.25	1.00
2.00	Excluded area salaries (see instructions)	4,497,798	772,015	5,269,813	230,602.00	22.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	68,982,830	-993,683	67,989,147	2,363,038.00	28.77	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,500,185	0	19,500,185	311,696.00	62.56	4.00
5.00	Subtotal wage-related costs (see inst.)	22,744,984	0	22,744,984	0.00	33.45	5.00
6.00	Total (sum of lines 3 thru 5)	111,227,999	-993,683	110,234,316	2,674,734.00	41.21	6.00
7.00	Total overhead cost (see instructions)	28,756,198	-659,656	28,096,542	952,812.00	29.49	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	3,303,183	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	2,844,148	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	11,477,492	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	597,799	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	68,471	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	897,958	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	237,306	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	5,166,508	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	49,618	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	59,480	22.00
23.00	Tuition Reimbursement	437,483	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>25,139,446</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	10,215,695	3,298,474	1.00
2.00	Hospital	10,215,695	3,298,474	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet S-10

Date/Time Prepared:  
5/24/2016 3:03 pm

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.363134	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			11,523,219	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			5,532,053	5.00	
6.00	Medicaid charges			70,070,112	6.00	
7.00	Medicaid cost (line 1 times line 6)			25,444,840	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			8,389,568	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			8,389,568	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			12,513,654	3,285,765	15,799,419
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			4,544,133	1,193,173	5,737,306
22.00	Partial payment by patients approved for charity care			81,087	0	81,087
23.00	Cost of charity care (line 21 minus line 22)			4,463,046	1,193,173	5,656,219
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					13,104,290
27.00	Medicare bad debts for the entire hospital complex (see instructions)					478,340
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					12,625,950
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					4,584,912
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					10,241,131
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					18,630,699

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	CAP REL COSTS-BLDG & FIXT		16,527,441		16,527,441	-6,928,409	9,599,032	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	9,156,245	9,156,245	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,115,036	25,879,127	26,994,163		-3,064,720	23,929,443	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,639,665	42,996,980	53,636,645		-3,866,812	49,769,833	5.00
7.00	00700	OPERATION OF PLANT	1,969,916	6,005,208	7,975,124		-2,131,520	5,843,604	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,170	638,190	694,360		0	694,360	8.00
9.00	00900	HOUSEKEEPING	1,649,833	514,768	2,164,601		-1,736	2,162,865	9.00
10.00	01000	DIETARY	1,814,947	1,083,113	2,898,060		-2,000,508	897,552	10.00
11.00	01100	CAFETERIA	0	0	0		1,987,538	1,987,538	11.00
13.00	01300	NURSING ADMINISTRATION	3,145,348	135,758	3,281,106		-12,041	3,269,065	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,877	846,241	857,118		198,021	1,055,139	14.00
15.00	01500	PHARMACY	3,186,616	1,771,508	4,958,124		-165,668	4,792,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,327,881	1,351,288	2,679,169		-1,002,272	1,676,897	16.00
17.00	01700	SOCIAL SERVICE	502,132	3,475	505,607		8,111	513,718	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0		0	0	23.00
23.01	02301	XRAY EDUCATION	149,282	1,264	150,546		319,087	469,633	23.01
23.02	02302	PHARMACY RESIDENCY PROG	140,444	8,284	148,728		203,574	352,302	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	13,151,584	1,322,707	14,474,291		-65,852	14,408,439	30.00
31.00	03100	INTENSIVE CARE UNIT	2,148,399	414,017	2,562,416		-111,462	2,450,954	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,292,927	142,788	1,435,715		164,799	1,600,514	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	0	42.00
43.00	04300	NURSERY	611,120	12,702	623,822		-5,428	618,394	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	516,185	20,242,348	20,758,533		-7,510,257	13,248,276	50.00
51.00	05100	RECOVERY ROOM	0	1,021,947	1,021,947		330,213	1,352,160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	170,449	170,449		71,866	242,315	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,737,729	324,488	2,062,217		-218,427	1,843,790	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	317,986	962,687	1,280,673		-196,866	1,083,807	54.01
54.02	05404	ULTRA SOUND	466,257	24,853	491,110		89,539	580,649	54.02
54.03	05405	MAMMOGRAPHY	718,710	222,987	941,697		122,246	1,063,943	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,053,716	108,737	1,162,453		297,312	1,459,765	55.00
57.00	05700	CT SCAN	562,870	222,068	784,938		76,037	860,975	57.00
58.00	05800	MRI	255,289	55,583	310,872		92,917	403,789	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,434,779	3,294,434	4,729,213		-2,582,090	2,147,123	59.00
60.00	06000	LABORATORY	3,522,391	3,250,608	6,772,999		72,539	6,845,538	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	366,529	193,127	559,656		235,677	795,333	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	676,326	676,326		85,270	761,596	62.00
65.00	06500	RESPIRATORY THERAPY	1,612,892	296,543	1,909,435		-779	1,908,656	65.00
66.00	06600	PHYSICAL THERAPY	3,721,322	620,782	4,342,104		-637,811	3,704,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	468,961	8,427	477,388		806,456	1,283,844	67.00
68.00	06800	SPEECH PATHOLOGY	706,166	268,087	974,253		-154,605	819,648	68.00
69.00	06900	ELECTROCARDIOLOGY	461,505	227,006	688,511		-110,940	577,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	604,582	97,081	701,663		18,533	720,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		8,805,635	8,805,635	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		4,824,540	4,824,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,698,466	12,698,466		0	12,698,466	73.00
74.00	07400	RENAL DIALYSIS	0	496,205	496,205		-1,750	494,455	74.00
76.00	03020	ACUPUNCTURE	0	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	92,416	8,141	100,557		3,333	103,890	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	0	89.00
90.00	09000	CLINIC	586,619	117,503	704,122		0	704,122	90.00
90.01	09001	DIABETES CENTER	66,878	87,534	154,412		0	154,412	90.01
90.02	09002	NEUROPSYCH	251,893	11,401	263,294		2,373	265,667	90.02
90.03	09003	WOUND CENTER	355,043	1,124,166	1,479,209		-158,332	1,320,877	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0	0	0		292,189	292,189	90.04
91.00	09100	EMERGENCY	4,615,227	612,663	5,227,890		1,872,015	7,099,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	2,749,263	346,957	3,096,220		28,376	3,124,596	95.00
99.10	09910	CORF	0	0	0		0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,327,695	1,327,695	-1,327,695	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,157,385	148,774,158	218,931,543	-2,091,539	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	264,657	194.00
194.01	07951	BUILDING RENTALS	0	75,404	75,404	0	194.01
194.02	07952	HOSPICE	0	54,239	54,239	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	233,619	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,634,274	194.05
194.06	07956	CRH FOUNDATION	0	-1,156	-1,156	0	194.06
194.07	07957	HEALTHY COMMUNITIES	165,882	8,709	174,591	-41,011	194.07
200.00		TOTAL (SUM OF LINES 118-199)	70,323,267	148,911,354	219,234,621	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	229,723	9,828,755	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-259,537	8,896,708	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	997,830	24,927,273	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,665,080	31,104,753	5.00
7.00	00700	OPERATION OF PLANT	-24,686	5,818,918	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	694,360	8.00
9.00	00900	HOUSEKEEPING	-408	2,162,457	9.00
10.00	01000	DIETARY	-2,234	895,318	10.00
11.00	01100	CAFETERIA	-1,176,242	811,296	11.00
13.00	01300	NURSING ADMINISTRATION	-77,133	3,191,932	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,055,139	14.00
15.00	01500	PHARMACY	-54,662	4,737,794	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,460	1,650,437	16.00
17.00	01700	SOCIAL SERVICE	0	513,718	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,432	449,201	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	352,302	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-99,215	14,309,224	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,450,954	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,600,514	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	618,394	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-96,718	13,151,558	50.00
51.00	05100	RECOVERY ROOM	0	1,352,160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-9,090	233,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,851	1,803,939	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,083,807	54.01
54.02	05404	ULTRA SOUND	0	580,649	54.02
54.03	05405	MAMMOGRAPHY	-1,219	1,062,724	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-113,529	1,346,236	55.00
57.00	05700	CT SCAN	0	860,975	57.00
58.00	05800	MRI	0	403,789	58.00
59.00	05900	CARDIAC CATHETERIZATION	-50,376	2,096,747	59.00
60.00	06000	LABORATORY	-15,596	6,829,942	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-31,092	764,241	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	761,596	62.00
65.00	06500	RESPIRATORY THERAPY	0	1,908,656	65.00
66.00	06600	PHYSICAL THERAPY	-25,610	3,678,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,283,844	67.00
68.00	06800	SPEECH PATHOLOGY	-719	818,929	68.00
69.00	06900	ELECTROCARDIOLOGY	-25,835	551,736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	720,196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,805,635	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,824,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,698,466	73.00
74.00	07400	RENAL DIALYSIS	0	494,455	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-1,604	102,286	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	704,122	90.00
90.01	09001	DIABETES CENTER	0	154,412	90.01
90.02	09002	NEUROPSYCH	-180,416	85,251	90.02
90.03	09003	WOUND CENTER	0	1,320,877	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	292,189	90.04
91.00	09100	EMERGENCY	0	7,099,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-442,583	2,682,013	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,212,774	196,627,230	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	264,657	194.00
194.01	07951	BUILDING RENTALS	0	75,404	194.01
194.02	07952	HOSPICE	0	54,239	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	233,619	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,634,274	194.05
194.06	07956	CRH FOUNDATION	0	-1,156	194.06
194.07	07957	HEALTHY COMMUNITIES	0	133,580	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-20,212,774	199,021,847	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet Non-CMS W Date/Time Prepared: 5/24/2016 3:03 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
23.00	PARAMED PRGM-(SPECIFY)	02300		23.00
23.01	XRAY EDUCATION	02301		23.01
23.02	PHARMACY RESIDENCY PROG	02302		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	05402		54.01
54.02	ULTRA SOUND	05404		54.02
54.03	MAMMOGRAPHY	05405		54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	LABORATORY-PATHOLOGICAL	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ACUPUNCTURE	03020	ACUPUNCTURE	76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	DIABETES CENTER	09001		90.01
90.02	NEUROPSYCH	09002		90.02
90.03	WOUND CENTER	09003		90.03
90.04	HYPERBARIC OXYGEN THERAPY	09004		90.04
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	09500		95.00
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet Non-CMS W  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00 WELLNESS COMMUNITY	07950		194.00
194.01 BUILDING RENTALS	07951		194.01
194.02 HOSPICE	07952		194.02
194.03 OUTREACH CLINICS	07953		194.03
194.04 SPEECH - HEARING AIDS	07954		194.04
194.05 NONALLOWABLE MARKETING	07955		194.05
194.06 CRH FOUNDATION	07956		194.06
194.07 HEALTHY COMMUNITIES	07957		194.07
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>B - RECLASS DEPREC BLDG/EQUIP</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	842,590	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	485,105	2.00
	0		0	1,327,695	
<b>C - RECLASS INSURANCE</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,241	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	900,141	2.00
3.00	AMBULANCE SERVICES	95.00	0	32,497	3.00
4.00	LABORATORY	60.00	0	3,103	4.00
	0		0	936,982	
<b>D - RECLASS BILLING COST</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	674,370	327,509	1.00
	0		674,370	327,509	
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>					
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	253,242	1.00
	0		0	253,242	
<b>F - RECLASS CAFETERIA EXPENSE</b>					
1.00	CAFETERIA	11.00	1,250,314	746,159	1.00
	0		1,250,314	746,159	
<b>G - RECLASS WELLNESS</b>					
1.00	WELLNESS COMMUNITY	194.00	159,524	123,137	1.00
	0		159,524	123,137	
<b>H - RECLASS PHYSICIAN FEES</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,185,169	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	315,245	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	31,300	3.00
4.00	SUBPROVIDER - IRF	41.00	0	80,000	4.00
5.00	OPERATING ROOM	50.00	0	189,400	5.00
6.00	ANESTHESIOLOGY	53.00	0	45,000	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	150,000	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	94,874	8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	225,000	9.00
10.00	RESPIRATORY THERAPY	65.00	0	50,700	10.00
11.00	PHYSICAL THERAPY	66.00	0	50,000	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	48,125	12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,150	13.00
14.00	CARDIAC REHABILITATION	76.97	0	3,333	14.00
15.00	EMERGENCY	91.00	0	1,839,917	15.00
16.00	AMBULANCE SERVICES	95.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	8,852	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	1,323	18.00
	0		0	4,346,888	
<b>I - RECLASS REHAB SERVICES</b>					
1.00	OCCUPATIONAL THERAPY	67.00	10,413	23,956	1.00
2.00	PHYSICAL THERAPY	66.00	60,889	41,498	2.00
3.00	SPEECH PATHOLOGY	68.00	13,616	74,469	3.00
4.00	SUBPROVIDER - IRF	41.00	148,902	7,735	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	4,805	2,578	5.00
6.00	SOCIAL SERVICE	17.00	8,008	4,297	6.00
7.00	ADULTS & PEDIATRICS	30.00	19,218	10,314	7.00
8.00	NEUROPSYCH	90.02	1,602	859	8.00
9.00	WOUND CENTER	90.03	17,940	83,464	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	2,082	35,542	10.00
	0		287,475	284,712	
<b>J - RECLASS PHARMACY RES PROGRAM</b>					
1.00	PHARMACY RESIDENCY PROG	23.02	198,607	4,967	1.00
	0		198,607	4,967	
<b>L - RECLASS MARKETING EXPENSE</b>					
1.00	NONALLOWABLE MARKETING	194.05	0	125,000	1.00
	0		0	125,000	
<b>M - RECLASS DEPRECIATION EXPENSE</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,671,140	1.00
	0		0	8,671,140	
<b>N - RECLASS MAINTENANCE EXPENSE</b>					
1.00	RESPIRATORY THERAPY	65.00	0	19,842	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	3,168	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	287,899	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,760	4.00
5.00	OPERATING ROOM	50.00	0	437,189	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	149,832	6.00
7.00	LABORATORY	60.00	0	156,536	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	10,677	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	16,143	9.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6

Date/Time Prepared:  
5/24/2016 3:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	186,515	10.00
11.00	MAMMOGRAPHY	54.03	0	128,514	11.00
12.00	ULTRA SOUND	54.02	0	89,539	12.00
13.00	CT SCAN	57.00	0	192,566	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	198,774	14.00
15.00	MRI	58.00	0	138,527	15.00
16.00	PHARMACY	15.00	0	39,142	16.00
17.00	EMERGENCY	91.00	0	66,810	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	4,247	18.00
	O		0	2,131,520	
Q - RECLASS XRAY EDUCATION EXPENSES					
1.00	XRAY EDUCATION	23.01	48	0	1.00
2.00	XRAY EDUCATION	23.01	315,303	1,372	2.00
3.00	XRAY EDUCATION	23.01	0	2,364	3.00
	O		315,351	3,736	
R - RECLASS ADMIN HEALTHY COMMUNITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	41,011	0	1.00
	TOTALS		41,011	0	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	1,509,274	1.00
	O		0	1,509,274	
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	952	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	154,137	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,137	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,734	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,901	5.00
	O		0	307,861	
U - RECLASS CHARGEABLE SUPPLY COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	197,929	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	76,245	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,129	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,431	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,179,002	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,978,371	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,956	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	79,143	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	395,640	9.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,268	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,520	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	115,541	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	44,274	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,115,702	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,846,169	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	31,330	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,808	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	233,619	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	161,283	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,214	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,303	22.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6

Date/Time Prepared:  
5/24/2016 3:03 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,238	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,068	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,750	25.00	
	0		0	13,555,933		
<b>V - RECL PTO COST FOR STD ELIMINATION PD</b>						
1.00		0.00	0	0	1.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,194	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,499	6.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,736	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,035	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,935	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,041	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,236	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	393	14.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	64,323	15.00	
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,380	16.00	
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,975	17.00	
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,045	18.00	
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,964	21.00	
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	950	22.00	
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	88	23.00	
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	988	24.00	
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,336	25.00	
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,992	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,973	27.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,042	28.00	
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,669	29.00	
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,879	30.00	
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,071	31.00	
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	132	32.00	
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,409	33.00	
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,383	34.00	
	0		0	221,668		
<b>W - RECLASS SYSV BENEFITS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,543	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	198,021	2.00	
3.00	OPERATING ROOM	50.00	0	2,250,696	3.00	
4.00	RECOVERY ROOM	51.00	0	333,169	4.00	
5.00	ANESTHESIOLOGY	53.00	0	27,934	5.00	
	TOTALS		0	3,001,363		
<b>X - RECLASS OT SALARIES AND OTHER EXP</b>						
1.00	OCCUPATIONAL THERAPY	67.00	612,056	159,608	1.00	
	0		612,056	159,608		
<b>Y - RECL MILLRACE FOR WELLNESS/OP/PT</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	2,350	1.00	
2.00	PHYSICAL THERAPY	66.00	0	11,472	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	0	711	3.00	
4.00	PHYSICAL THERAPY	66.00	0	3,471	4.00	
	0		0	18,004		
<b>Z - RECLASS LAB BLOOD SUPERVISOR</b>						
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	69,127	0	1.00	
	0		69,127	0		
500.00	Grand Total: Increases		3,607,835	38,056,398	500.00	

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>B - RECLASS DEPREC BLDG/EQUIP</b>							
1.00	INTEREST EXPENSE	113.00	0	842,590	11		1.00
2.00	INTEREST EXPENSE	113.00	0	485,105	11		2.00
	O		0	1,327,695			
<b>C - RECLASS INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,241	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	900,141	12		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	32,497	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	3,103	0		4.00
	O		0	936,982			
<b>D - RECLASS BILLING COST</b>							
1.00	MEDICAL RECORDS & LIBRARY	16.00	674,370	327,509	0		1.00
	O		674,370	327,509			
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>							
1.00	WOUND CENTER	90.03	0	253,242	0		1.00
	O		0	253,242			
<b>F - RECLASS CAFETERIA EXPENSE</b>							
1.00	DIETARY	10.00	1,250,314	746,159	0		1.00
	O		1,250,314	746,159			
<b>G - RECLASS WELLNESS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	159,524	123,137	0		1.00
	O		159,524	123,137			
<b>H - RECLASS PHYSICIAN FEES</b>							
1.00	OPERATING ROOM	50.00	0	1,185,169	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	315,245	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	31,300	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	80,000	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	189,400	0		5.00
6.00	OPERATING ROOM	50.00	0	45,000	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	0	150,000	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	0	94,874	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	225,000	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	50,700	0		10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	50,000	0		11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	48,125	0		12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	11,150	0		13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	0	3,333	0		14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	0	1,839,917	0		15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	17,500	0		16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	0	8,852	0		17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	1,323	0		18.00
	O		0	4,346,888			
<b>I - RECLASS REHAB SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	10,413	23,956	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	60,889	41,498	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	13,616	74,469	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	148,902	7,735	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	4,805	2,578	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	8,008	4,297	0		6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	19,218	10,314	0		7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	1,602	859	0		8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	17,940	83,464	0		9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	2,082	35,542	0		10.00
	O		287,475	284,712			
<b>J - RECLASS PHARMACY RES PROGRAM</b>							
1.00	PHARMACY	15.00	198,607	4,967	0		1.00
	O		198,607	4,967			
<b>L - RECLASS MARKETING EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	125,000	0		1.00
	O		0	125,000			
<b>M - RECLASS DEPRECIATION EXPENSE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,671,140	9		1.00
	O		0	8,671,140			
<b>N - RECLASS MAINTENANCE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	19,842	0		1.00
2.00	OPERATION OF PLANT	7.00	0	3,168	0		2.00
3.00	OPERATION OF PLANT	7.00	0	287,899	0		3.00
4.00	OPERATION OF PLANT	7.00	0	5,760	0		4.00
5.00	OPERATION OF PLANT	7.00	0	437,189	0		5.00
6.00	OPERATION OF PLANT	7.00	0	149,832	0		6.00
7.00	OPERATION OF PLANT	7.00	0	156,536	0		7.00
8.00	OPERATION OF PLANT	7.00	0	10,677	0		8.00
9.00	OPERATION OF PLANT	7.00	0	16,143	0		9.00
10.00	OPERATION OF PLANT	7.00	0	186,355	0		10.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	OPERATION OF PLANT	7.00	0	128,514	0	11.00
12.00	OPERATION OF PLANT	7.00	0	89,539	0	12.00
13.00	OPERATION OF PLANT	7.00	0	192,566	0	13.00
14.00	OPERATION OF PLANT	7.00	0	198,774	0	14.00
15.00	OPERATION OF PLANT	7.00	0	138,527	0	15.00
16.00	OPERATION OF PLANT	7.00	0	39,142	0	16.00
17.00	OPERATION OF PLANT	7.00	0	66,810	0	17.00
18.00	OPERATION OF PLANT	7.00	0	4,247	0	18.00
	0		0	2,131,520		
<b>Q - RECLASS XRAY EDUCATION EXPENSES</b>						
1.00	RESPIRATORY THERAPY	65.00	48	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	315,303	1,372	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,364	0	3.00
	0		315,351	3,736		
<b>R - RECLASS ADMIN HEALTHY COMMUNITIES</b>						
1.00	HEALTHY COMMUNITIES	194.07	41,011	0	0	1.00
	TOTALS		41,011	0		
<b>S - RECLASS NON ALLOW ADVERTISING COSTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,509,274	0	1.00
	0		0	1,509,274		
<b>T - RECL EQUIP RENTAL TO CHARGEABLE SUPP</b>						
1.00	NURSERY	43.00	0	952	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	154,137	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	61,137	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	57,734	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	33,901	0	5.00
	0		0	307,861		
<b>U - RECLASS CHARGEABLE SUPPLY COST</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	197,929	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	76,245	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	6,129	0	3.00
4.00	NURSERY	43.00	0	2,431	0	4.00
5.00	OPERATING ROOM	50.00	0	6,179,002	0	5.00
6.00	OPERATING ROOM	50.00	0	2,978,371	0	6.00
7.00	RECOVERY ROOM	51.00	0	2,956	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	79,143	0	8.00
9.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	395,640	0	9.00
11.00	MAMMOGRAPHY	54.03	0	6,268	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,520	0	12.00
13.00	CT SCAN	57.00	0	115,541	0	13.00
14.00	MRI	58.00	0	44,274	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,115,702	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,846,169	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	31,330	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	15,808	0	18.00
19.00	SPEECH PATHOLOGY	68.00	0	233,619	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	161,283	0	20.00
21.00	WOUND CENTER	90.03	0	15,214	0	21.00
22.00	EMERGENCY	91.00	0	27,303	0	22.00
23.00	AMBULANCE SERVICES	95.00	0	20,238	0	23.00
24.00	ANESTHESIOLOGY	53.00	0	1,068	0	24.00
25.00	RENAL DIALYSIS	74.00	0	1,750	0	25.00
	0		0	13,555,933		
<b>V - RECL PTO COST FOR STD ELIMINATION PD</b>						
1.00		0.00	0	0	0	1.00
5.00	SOCIAL SERVICE	17.00	4,194	0	0	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	30,499	0	0	6.00
9.00	HOUSEKEEPING	9.00	1,736	0	0	9.00
10.00	DIETARY	10.00	4,035	0	0	10.00
11.00	CAFETERIA	11.00	8,935	0	0	11.00
12.00	NURSING ADMINISTRATION	13.00	12,041	0	0	12.00
13.00	PHARMACY	15.00	1,236	0	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	393	0	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	64,323	0	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	5,380	0	0	16.00
17.00	SUBPROVIDER - IRF	41.00	7,975	0	0	17.00
18.00	NURSERY	43.00	2,045	0	0	18.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	8,964	0	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	950	0	0	22.00
23.00	NEUROPSYCH	90.02	88	0	0	23.00
24.00	CT SCAN	57.00	988	0	0	24.00
25.00	MRI	58.00	1,336	0	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	2,992	0	0	26.00
27.00	LABORATORY	60.00	17,973	0	0	27.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
28.00	RESPIRATORY THERAPY	65.00	6,042	0	0	28.00	
29.00	PHYSICAL THERAPY	66.00	17,669	0	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	3,879	0	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	9,071	0	0	31.00	
32.00	WOUND CENTER	90.03	132	0	0	32.00	
33.00	EMERGENCY	91.00	7,409	0	0	33.00	
34.00	AMBULANCE SERVICES	95.00	1,383	0	0	34.00	
	0		221,668	0			
<b>W - RECLASS SYSV BENEFITS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191,543	198	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	198,021	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,250,696	0	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	333,169	0	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,934	0	5.00	
	TOTALS		0	3,001,363			
<b>X - RECLASS OT SALARIES AND OTHER EXP</b>							
1.00	PHYSICAL THERAPY	66.00	612,056	159,608	0	1.00	
	0		612,056	159,608			
<b>Y - RECL MILLRACE FOR WELLNESS/OP/PT</b>							
1.00	WELLNESS COMMUNITY	194.00	0	2,350	0	1.00	
2.00	WELLNESS COMMUNITY	194.00	0	11,472	0	2.00	
3.00	WELLNESS COMMUNITY	194.00	0	711	0	3.00	
4.00	WELLNESS COMMUNITY	194.00	0	3,471	0	4.00	
	0		0	18,004			
<b>Z - RECLASS LAB BLOOD SUPERVISOR</b>							
1.00	LABORATORY	60.00	69,127	0	0	1.00	
	0		69,127	0			
500.00	Grand Total: Decreases		3,829,503	37,834,730		500.00	

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>B - RECLASS DEPREC BLDG/EQUIP</b>									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	842,590	INTEREST EXPENSE	113.00	0	842,590	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	485,105	INTEREST EXPENSE	113.00	0	485,105	2.00
	O		0	1,327,695			0	1,327,695	
<b>C - RECLASS INSURANCE</b>									
1.00	OCCUPATI ONAL THERAPY	67.00	0	1,241	ADMI NI STRATI VE & GENERAL	5.00	0	1,241	1.00
2.00	CAP REL COSTS-BLDG & FI XT	1.00	0	900,141	ADMI NI STRATI VE & GENERAL	5.00	0	900,141	2.00
3.00	AMBULANCE SERVI CES	95.00	0	32,497	ADMI NI STRATI VE & GENERAL	5.00	0	32,497	3.00
4.00	LABORATORY	60.00	0	3,103	ADMI NI STRATI VE & GENERAL	5.00	0	3,103	4.00
	O		0	936,982			0	936,982	
<b>D - RECLASS BILLING COST</b>									
1.00	ADMI NI STRATI VE & GENERAL	5.00	674,370	327,509	MEDI CAL RECORDS & LI BRARY	16.00	674,370	327,509	1.00
	O		674,370	327,509			674,370	327,509	
<b>E - RECLASS HYPERBARIC THERAPY EXPENSE</b>									
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	253,242	WOUND CENTER	90.03	0	253,242	1.00
	O		0	253,242			0	253,242	
<b>F - RECLASS CAFETERIA EXPENSE</b>									
1.00	CAFETERIA	11.00	1,250,314	746,159	DI ETARY	10.00	1,250,314	746,159	1.00
	O		1,250,314	746,159			1,250,314	746,159	
<b>G - RECLASS WELLNESS</b>									
1.00	WELLNESS COMMUNI TY	194.00	159,524	123,137	EMPLOYEE BENEFIT S DEPARTMENT	4.00	159,524	123,137	1.00
	O		159,524	123,137			159,524	123,137	
<b>H - RECLASS PHYSICIAN FEES</b>									
1.00	ADMI NI STRATI VE & GENERAL	5.00	0	1,185,169	OPERATI NG ROOM	50.00	0	1,185,169	1.00
2.00	ADULTS & PEDI ATRI CS	30.00	0	315,245	ADMI NI STRATI VE & GENERAL	5.00	0	315,245	2.00
3.00	INTENSI VE CARE UNI T	31.00	0	31,300	ADMI NI STRATI VE & GENERAL	5.00	0	31,300	3.00
4.00	SUBPROVI DER - I RF	41.00	0	80,000	ADMI NI STRATI VE & GENERAL	5.00	0	80,000	4.00
5.00	OPERATI NG ROOM	50.00	0	189,400	ADMI NI STRATI VE & GENERAL	5.00	0	189,400	5.00
6.00	ANESTHESI OLOGY	53.00	0	45,000	OPERATI NG ROOM	50.00	0	45,000	6.00
7.00	RADI OLOGY-THERAPEUTI C	55.00	0	150,000	ADMI NI STRATI VE & GENERAL	5.00	0	150,000	7.00
8.00	CARDI AC CATHETERI ZATI ON	59.00	0	94,874	ADMI NI STRATI VE & GENERAL	5.00	0	94,874	8.00
9.00	LABORATORY-PATHOLOGI C AL	60.01	0	225,000	ADMI NI STRATI VE & GENERAL	5.00	0	225,000	9.00
10.00	RESPI RATORY THERAPY	65.00	0	50,700	ADMI NI STRATI VE & GENERAL	5.00	0	50,700	10.00
11.00	PHYSI CAL THERAPY	66.00	0	50,000	ADMI NI STRATI VE & GENERAL	5.00	0	50,000	11.00
12.00	ELECTROCARDI OLOGY	69.00	0	48,125	ADMI NI STRATI VE & GENERAL	5.00	0	48,125	12.00
13.00	ELECTROENCEPHALOGRAPH Y	70.00	0	11,150	ADMI NI STRATI VE & GENERAL	5.00	0	11,150	13.00
14.00	CARDI AC REHABI LI TATI ON	76.97	0	3,333	ADMI NI STRATI VE & GENERAL	5.00	0	3,333	14.00
15.00	EMERGENCY	91.00	0	1,839,917	ADMI NI STRATI VE & GENERAL	5.00	0	1,839,917	15.00
16.00	AMBULANCE SERVI CES	95.00	0	17,500	ADMI NI STRATI VE & GENERAL	5.00	0	17,500	16.00
17.00	WOUND CENTER	90.03	0	8,852	ADMI NI STRATI VE & GENERAL	5.00	0	8,852	17.00
18.00	HYPERBARIC OXYGEN THERAPY	90.04	0	1,323	ADMI NI STRATI VE & GENERAL	5.00	0	1,323	18.00
	O		0	4,346,888			0	4,346,888	
<b>I - RECLASS REHAB SERVI CES</b>									
1.00	OCCUPATI ONAL THERAPY	67.00	10,413	23,956	ADMI NI STRATI VE & GENERAL	5.00	10,413	23,956	1.00
2.00	PHYSI CAL THERAPY	66.00	60,889	41,498	ADMI NI STRATI VE & GENERAL	5.00	60,889	41,498	2.00
3.00	SPEECH PATHOLOGY	68.00	13,616	74,469	ADMI NI STRATI VE & GENERAL	5.00	13,616	74,469	3.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2016 3:03 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
4.00	SUBPROVIDER - IRF	41.00	148,902	7,735	ADMINISTRATIVE & GENERAL	5.00	148,902	7,735	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	4,805	2,578	ADMINISTRATIVE & GENERAL	5.00	4,805	2,578	5.00
6.00	SOCIAL SERVICE	17.00	8,008	4,297	ADMINISTRATIVE & GENERAL	5.00	8,008	4,297	6.00
7.00	ADULTS & PEDIATRICS	30.00	19,218	10,314	ADMINISTRATIVE & GENERAL	5.00	19,218	10,314	7.00
8.00	NEUROPSYCH	90.02	1,602	859	ADMINISTRATIVE & GENERAL	5.00	1,602	859	8.00
9.00	WOUND CENTER	90.03	17,940	83,464	ADMINISTRATIVE & GENERAL	5.00	17,940	83,464	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	2,082	35,542	ADMINISTRATIVE & GENERAL	5.00	2,082	35,542	10.00
			287,475	284,712			287,475	284,712	
J - RECLASS PHARMACY RES PROGRAM									
1.00	PHARMACY RESIDENCY PROG	23.02	198,607	4,967	PHARMACY	15.00	198,607	4,967	1.00
			198,607	4,967			198,607	4,967	
L - RECLASS MARKETING EXPENSE									
1.00	NONALLOWABLE MARKETING	194.05	0	125,000	ADMINISTRATIVE & GENERAL	5.00	0	125,000	1.00
			0	125,000			0	125,000	
M - RECLASS DEPRECIATION EXPENSE									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,671,140	CAP REL COSTS-BLDG & FIXT	1.00	0	8,671,140	1.00
			0	8,671,140			0	8,671,140	
N - RECLASS MAINTENANCE EXPENSE									
1.00	RESPIRATORY THERAPY	65.00	0	19,842	OPERATION OF PLANT	7.00	0	19,842	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	3,168	OPERATION OF PLANT	7.00	0	3,168	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	287,899	OPERATION OF PLANT	7.00	0	287,899	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	5,760	OPERATION OF PLANT	7.00	0	5,760	4.00
5.00	OPERATING ROOM	50.00	0	437,189	OPERATION OF PLANT	7.00	0	437,189	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	149,832	OPERATION OF PLANT	7.00	0	149,832	6.00
7.00	LABORATORY	60.00	0	156,536	OPERATION OF PLANT	7.00	0	156,536	7.00
8.00	LABORATORY-PATHOLOGICAL	60.01	0	10,677	OPERATION OF PLANT	7.00	0	10,677	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	16,143	OPERATION OF PLANT	7.00	0	16,143	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	186,355	OPERATION OF PLANT	7.00	0	186,355	10.00
11.00	MAMMOGRAPHY	54.03	0	128,514	OPERATION OF PLANT	7.00	0	128,514	11.00
12.00	ULTRA SOUND	54.02	0	89,539	OPERATION OF PLANT	7.00	0	89,539	12.00
13.00	CT SCAN	57.00	0	192,566	OPERATION OF PLANT	7.00	0	192,566	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	198,774	OPERATION OF PLANT	7.00	0	198,774	14.00
15.00	MRI	58.00	0	138,527	OPERATION OF PLANT	7.00	0	138,527	15.00
16.00	PHARMACY	15.00	0	39,142	OPERATION OF PLANT	7.00	0	39,142	16.00
17.00	EMERGENCY	91.00	0	66,810	OPERATION OF PLANT	7.00	0	66,810	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	0	4,247	OPERATION OF PLANT	7.00	0	4,247	18.00
			0	2,131,520			0	2,131,520	
O - RECLASS XRAY EDUCATION EXPENSES									
1.00	XRAY EDUCATION	23.01	48	0	RESPIRATORY THERAPY	65.00	48	0	1.00
2.00	XRAY EDUCATION	23.01	315,303	1,372	RADIOLOGY-DIAGNOSTIC	54.00	315,303	1,372	2.00
3.00	XRAY EDUCATION	23.01	0	2,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,364	3.00
			315,351	3,736			315,351	3,736	
R - RECLASS ADMIN HEALTHY COMMUNITIES									
1.00	ADMINISTRATIVE & GENERAL	5.00	41,011	0	HEALTHY COMMUNITIES	194.07	41,011	0	1.00
	TOTALS		41,011	0	TOTALS		41,011	0	
S - RECLASS NON ALLOW ADVERTISING COSTS									
1.00	NONALLOWABLE MARKETING	194.05	0	1,509,274	ADMINISTRATIVE & GENERAL	5.00	0	1,509,274	1.00
			0	1,509,274			0	1,509,274	
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	952	NURSERY	43.00	0	952	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	154,137	ADULTS & PEDIATRICS	30.00	0	154,137	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,137	INTENSIVE CARE UNIT	31.00	0	61,137	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,734	SUBPROVIDER - IRF	41.00	0	57,734	4.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/24/2016 3:03 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,901	RESPIRATORY THERAPY	65.00	0	33,901	5.00
	U - RECLASS CHARGEABLE SUPPLY COST		0	307,861			0	307,861	
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	197,929	ADULTS & PEDIATRICS	30.00	0	197,929	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	76,245	INTENSIVE CARE UNIT	31.00	0	76,245	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,129	SUBPROVIDER - IIRF	41.00	0	6,129	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,431	NURSERY	43.00	0	2,431	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,179,002	OPERATING ROOM	50.00	0	6,179,002	5.00
6.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,978,371	OPERATING ROOM	50.00	0	2,978,371	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,956	RECOVERY ROOM	51.00	0	2,956	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	79,143	RADIOLOGY-DIAGNOSTIC	54.00	0	79,143	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	395,640	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	395,640	9.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,268	MAMMOGRAPHY	54.03	0	6,268	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,520	RADIOLOGY-THERAPEUTIC	55.00	0	2,520	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	115,541	CT SCAN	57.00	0	115,541	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	44,274	MRI	58.00	0	44,274	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,115,702	CARDIAC CATHETERIZATION	59.00	0	1,115,702	15.00
16.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,846,169	CARDIAC CATHETERIZATION	59.00	0	1,846,169	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	31,330	RESPIRATORY THERAPY	65.00	0	31,330	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,808	PHYSICAL THERAPY	66.00	0	15,808	18.00
19.00	SPEECH - HEARING AIDS	194.04	0	233,619	SPEECH PATHOLOGY	68.00	0	233,619	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	161,283	ELECTROCARDIOLOGY	69.00	0	161,283	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,214	WOUND CENTER	90.03	0	15,214	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,303	EMERGENCY	91.00	0	27,303	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,238	AMBULANCE SERVICES	95.00	0	20,238	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,068	ANESTHESIOLOGY	53.00	0	1,068	24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,750	RENAL DIALYSIS	74.00	0	1,750	25.00
	V - RECL PTO COST FOR STD ELIMINATION PD		0	13,555,933			0	13,555,933	
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,194	SOCIAL SERVICE	17.00	4,194	0	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,499	ADMINISTRATIVE & GENERAL	5.00	30,499	0	6.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,736	HOUSEKEEPING	9.00	1,736	0	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,035	DIETARY	10.00	4,035	0	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,935	CAFETERIA	11.00	8,935	0	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,041	NURSING ADMINISTRATION	13.00	12,041	0	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,236	PHARMACY	15.00	1,236	0	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	393	MEDICAL RECORDS & LIBRARY	16.00	393	0	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	64,323	ADULTS & PEDIATRICS	30.00	64,323	0	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,380	INTENSIVE CARE UNIT	31.00	5,380	0	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,975	SUBPROVIDER - IIRF	41.00	7,975	0	17.00

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,045	NURSERY	43.00	2,045	0	18.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,964	RADIOLOGY-DIAGNOSTIC	54.00	8,964	0	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	950	ELECTROCARDIOLOGY	69.00	950	0	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	88	NEUROPSYCH	90.02	88	0	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	988	CT SCAN	57.00	988	0	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,336	MRI	58.00	1,336	0	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,992	CARDIAC CATHETERIZATION	59.00	2,992	0	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,973	LABORATORY	60.00	17,973	0	27.00
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,042	RESPIRATORY THERAPY	65.00	6,042	0	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,669	PHYSICAL THERAPY	66.00	17,669	0	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,879	OCCUPATIONAL THERAPY	67.00	3,879	0	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,071	SPEECH PATHOLOGY	68.00	9,071	0	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	132	WOUND CENTER	90.03	132	0	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,409	EMERGENCY	91.00	7,409	0	33.00
34.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,383	AMBULANCE SERVICES	95.00	1,383	0	34.00
0			0	221,668			221,668	0	
W - RECLASS SYSV BENEFITS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,543	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191,543	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	198,021	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	198,021	2.00
3.00	OPERATING ROOM	50.00	0	2,250,696	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,250,696	3.00
4.00	RECOVERY ROOM	51.00	0	333,169	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	333,169	4.00
5.00	ANESTHESIOLOGY	53.00	0	27,934	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,934	5.00
	TOTALS		0	3,001,363	TOTALS		0	3,001,363	
X - RECLASS OT SALARIES AND OTHER EXP									
1.00	OCCUPATIONAL THERAPY	67.00	612,056	159,608	PHYSICAL THERAPY	66.00	612,056	159,608	1.00
0			612,056	159,608	0		612,056	159,608	
Y - RECL MILLRACE FOR WELLNESS/OP/PT									
1.00	OCCUPATIONAL THERAPY	67.00	0	2,350	WELLNESS COMMUNITY	194.00	0	2,350	1.00
2.00	PHYSICAL THERAPY	66.00	0	11,472	WELLNESS COMMUNITY	194.00	0	11,472	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	711	WELLNESS COMMUNITY	194.00	0	711	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,471	WELLNESS COMMUNITY	194.00	0	3,471	4.00
0			0	18,004	0		0	18,004	
Z - RECLASS LAB BLOOD SUPERVISOR									
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	69,127	0	LABORATORY	60.00	69,127	0	1.00
0			69,127	0	0		69,127	0	
500.00	Grand Total: Increases		3,607,835	38,056,398	Grand Total: Decreases		3,829,503	37,834,730	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,786,052	20,000	0	20,000	1.00
2.00	Land Improvements	17,419,747	3,111,292	0	3,111,292	2.00
3.00	Buildings and Fixtures	90,506,599	12,519,424	0	12,519,424	3.00
4.00	Building Improvements	93,996,507	4,492,012	0	4,492,012	4.00
5.00	Fixed Equipment	7,932,198	279,218	0	279,218	5.00
6.00	Movable Equipment	124,418,512	9,090,493	0	9,090,493	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	336,059,615	29,512,439	0	29,512,439	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	336,059,615	29,512,439	0	29,512,439	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,806,052	0			1.00
2.00	Land Improvements	20,531,039	0			2.00
3.00	Buildings and Fixtures	103,026,023	0			3.00
4.00	Building Improvements	98,488,519	0			4.00
5.00	Fixed Equipment	8,157,000	0			5.00
6.00	Movable Equipment	130,149,411	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	362,158,044	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	362,158,044	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	16,527,441	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,527,441	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,527,441				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,527,441				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	232,008,633	0	232,008,633	0.640628	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	130,149,411	0	130,149,411	0.359372	0	2.00
3.00	Total (sum of lines 1-2)	362,158,044	0	362,158,044	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,990,637	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,676,526	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,667,163	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	937,977	900,141	0	0	9,828,755	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	220,182	0	0	0	8,896,708	2.00
3.00	Total (sum of lines 1-2)	1,158,159	900,141	0	0	18,725,463	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	95,387	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	15,917	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-93,271	ADMINISTRATIVE & GENERAL		5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-2,578	ADMINISTRATIVE & GENERAL		5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-96,366	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-9,339	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)	B	-40	OPERATION OF PLANT		7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,646,261				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-431,815				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-770,830	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-23,015	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-408	HOUSEKEEPING		9.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 TELEPHONE SERVICES	B	-3,900	ADMINISTRATIVE & GENERAL		5.00	0	33.00
34.00 DEPR PAT PHONES NEW EQUIP	A	-21,471	CAP REL COSTS-MVBLE EQUIP		2.00	9	34.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
35.00 TV DEPR NEW EQUIP	A	-37,473	CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00
36.00 CAFETERIA VISITORS	A	-405,412	CAFETERIA	11.00	0	36.00
37.00 OPERATING REVENUE OTHER REVENUE	B	-1,009	OPERATING ROOM	50.00	0	37.00
38.00 NURSING ADMIN OTHER REVENUE	B	-77,133	NURSING ADMINISTRATION	13.00	0	38.00
39.00 INPATIENT PT	B	-1,031	PHYSICAL THERAPY	66.00	0	39.00
40.00 EAP REVENUE	B	-24,752	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00 BOND AMORTIZATION	A	110,643	CAP REL COSTS-BLDG & FIXT	1.00	9	41.00
42.00 LAND RENT MO	B	-2,000	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 RENT PATHOLOGISTS	B	6,264	LABORATORY-PATHOLOGICAL	60.01	0	43.00
44.00 LABORATORY OTHER REVENUE	B	-15,596	LABORATORY	60.00	0	44.00
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-14,244	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.01
45.00 XRAY EDUCATION	B	-20,432	XRAY EDUCATION	23.01	0	45.00
45.01 MEDICAL STAFF INCOME	B	-68,430	ADMINISTRATIVE & GENERAL	5.00	0	45.01
45.02 RADIOLOGY OTHER REVENUE	B	-39,851	RADIOLOGY-DIAGNOSTIC	54.00	0	45.02
45.03 BREAST FILM COPIES	B	-1,219	MAMMOGRAPHY	54.03	0	45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-3,445	MEDICAL RECORDS & LIBRARY	16.00	0	45.04
45.05 FACILITIES OTHER REVENUE	B	-5,694	OPERATION OF PLANT	7.00	0	45.05
45.06 SICK BAY	B	-123	ADULTS & PEDIATRICS	30.00	0	45.06
45.07 CARDIAC CATH OTHER REVENUE	B	-3,700	CARDIAC CATHETERIZATION	59.00	0	45.07
45.08 ADMIN OTHER REVENUE	B	-26,838	ADMINISTRATIVE & GENERAL	5.00	0	45.08
45.09 MRES GRANT OTHER	B	-10,500	ADMINISTRATIVE & GENERAL	5.00	0	45.09
45.10 INFO SERV OTHER REVENUE	B	-27,720	ADMINISTRATIVE & GENERAL	5.00	0	45.10
45.11 FOOD OTHER REVENUE	B	-2,234	DIETARY	10.00	0	45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-719	SPEECH PATHOLOGY	68.00	0	45.12
45.13 PROTECTIVE SERV OTHER REVENUE	B	-9,613	OPERATION OF PLANT	7.00	0	45.13
45.14 PHARMACY OTHER REVENUE	B	-54,662	PHARMACY	15.00	0	45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-23,213	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-5,560	ADULTS & PEDIATRICS	30.00	0	45.16
45.17 VOLUNTEER OTHER REVENUE	B	-68,918	ADMINISTRATIVE & GENERAL	5.00	0	45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-46,877	CAP REL COSTS-BLDG & FIXT	1.00	9	45.18
45.19		0		0.00	0	45.19
45.20 PENSION EXPENSE	A	1,060,039	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.20
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	CAP REL COSTS-BLDG & FIXT	1.00	9	45.21
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-187,010	ADMINISTRATIVE & GENERAL	5.00	0	45.22
45.23 DEPRECIATION RELI FED	A	52,641	CAP REL COSTS-BLDG & FIXT	1.00	9	45.23
45.24 DEPRECIATION RELI FED	A	64,330	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.24
45.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.25
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	CAP REL COSTS-BLDG & FIXT	1.00	9	45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-88,838	CAP REL COSTS-MVBLE EQUIP	2.00	11	45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-192,002	CAP REL COSTS-MVBLE EQUIP	2.00	11	45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-11,550	ADMINISTRATIVE & GENERAL	5.00	0	45.30
45.31 AMBULANCE SERVICES	B	-442,572	AMBULANCE SERVICES	95.00	0	45.31
45.32 COPY CENTER OTHER REVENUE	B	-95	ADMINISTRATIVE & GENERAL	5.00	0	45.32
45.33 RADIOLOGY OTHER REVENUE	B	-3,029	ELECTROCARDIOLOGY	69.00	0	45.33
45.34 HAF ADJUSTMENT	A	-7,613,136	ADMINISTRATIVE & GENERAL	5.00	0	45.34
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,212,774				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150112

Period: From 01/01/2015 To 12/31/2015

Worksheet A-8-1

Date/Time Prepared: 5/24/2016 3:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	4,267,229	4,699,044 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,267,229	4,699,044 5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	M HUNT	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	S STARK	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	T SOUZA	0.00	SI HEALTH MANAGEMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02
100.00	G. Other (financial or non-financial) specify: NONE					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:  
5/24/2016 3:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-431,815	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-431,815			5.00

\* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:  
5/24/2016 3:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	10,107,587	9,938,237	169,350	211,500	852	1.00
2.00	30.00	ADULTS & PEDIATRICS	315,245	0	315,245	197,500	2,335	2.00
3.00	31.00	INTENSIVE CARE UNIT	31,300	0	31,300	211,500	313	3.00
4.00	41.00	SUBPROVIDER - IRF	80,000	0	80,000	211,500	1,903	4.00
5.00	50.00	OPERATING ROOM	384,400	0	384,400	246,400	2,437	5.00
6.00	53.00	ANESTHESIOLOGY	45,000	0	45,000	239,400	312	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	150,000	0	150,000	271,900	279	7.00
8.00	59.00	CARDIAC CATHETERIZATION	94,874	0	94,874	211,500	474	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	225,000	0	225,000	260,200	1,500	9.00
10.00	65.00	RESPIRATORY THERAPY	50,700	0	50,700	211,500	507	10.00
11.00	66.00	PHYSICAL THERAPY	50,000	0	50,000	211,500	250	11.00
12.00	69.00	ELECTROCARDIOLOGY	48,125	0	48,125	211,500	249	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	11,150	0	11,150	211,500	112	13.00
14.00	76.97	CARDIAC REHABILITATION	3,333	0	3,333	211,500	17	14.00
15.00	90.02	NEUROPSYCH	180,416	180,416	0	211,500	0	15.00
16.00	90.03	WOUND CENTER	8,852	0	8,852	211,500	89	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	1,323	0	1,323	211,500	14	17.00
18.00	91.00	EMERGENCY	1,839,917	0	1,839,917	211,500	19,524	18.00
19.00	95.00	AMBULANCE SERVICES	17,500	0	17,500	211,500	172	19.00
200.00			13,644,722	10,118,653	3,526,069		31,339	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	86,634	4,332	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	221,713	11,086	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	31,827	1,591	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	193,502	9,675	0	0	0	4.00
5.00	50.00	OPERATING ROOM	288,691	14,435	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	35,910	1,796	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	36,471	1,824	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	48,198	2,410	0	0	0	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	187,644	9,382	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	51,553	2,578	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	25,421	1,271	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	25,319	1,266	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	11,388	569	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	1,729	86	0	0	0	14.00
15.00	90.02	NEUROPSYCH	0	0	0	0	0	15.00
16.00	90.03	WOUND CENTER	9,050	453	0	0	0	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	1,424	71	0	0	0	17.00
18.00	91.00	EMERGENCY	1,985,253	99,263	0	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	17,489	874	0	0	0	19.00
200.00			3,259,216	162,962	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	86,634	82,716	10,020,953	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	221,713	93,532	93,532	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	31,827	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	193,502	0	0	4.00
5.00	50.00	OPERATING ROOM	0	288,691	95,709	95,709	5.00
6.00	53.00	ANESTHESIOLOGY	0	35,910	9,090	9,090	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	36,471	113,529	113,529	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	48,198	46,676	46,676	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	0	187,644	37,356	37,356	9.00
10.00	65.00	RESPIRATORY THERAPY	0	51,553	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	25,421	24,579	24,579	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	25,319	22,806	22,806	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	11,388	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	1,729	1,604	1,604	14.00
15.00	90.02	NEUROPSYCH	0	0	0	180,416	15.00
16.00	90.03	WOUND CENTER	0	9,050	0	0	16.00
17.00	90.04	HYPERBARIC OXYGEN THERAPY	0	1,424	0	0	17.00
18.00	91.00	EMERGENCY	0	1,985,253	0	0	18.00
19.00	95.00	AMBULANCE SERVICES	0	17,489	11	11	19.00
200.00			0	3,259,216	527,608	10,646,261	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,828,755	9,828,755			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,896,708		8,896,708		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,927,273	184,850	10,451	25,122,574	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	31,104,753	1,036,019	4,132,873	4,020,552	5.00
7.00 00700	OPERATION OF PLANT	5,818,918	4,728,218	310,964	716,963	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	694,360	9,008	0	20,461	8.00
9.00 00900	HOUSEKEEPING	2,162,457	70,883	12,176	600,996	9.00
10.00 01000	DIETARY	895,318	112,818	25,324	204,213	10.00
11.00 01100	CAFETERIA	811,296	87,002	56,078	452,206	11.00
13.00 01300	NURSING ADMINISTRATION	3,191,932	142,656	76,153	1,141,392	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,055,139	109,341	95,750	3,962	14.00
15.00 01500	PHARMACY	4,737,794	68,024	482,505	1,088,013	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,650,437	56,833	34,257	237,916	16.00
17.00 01700	SOCIAL SERVICE	513,718	4,339	80	184,304	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	449,201	9,453	21	169,255	23.01
23.02 02302	PHARMACY RESIDENCY PROG	352,302	5,402	0	123,508	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	14,309,224	1,097,679	416,640	4,774,354	30.00
31.00 03100	INTENSIVE CARE UNIT	2,450,954	157,439	157,833	780,653	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,600,514	159,249	18,952	522,320	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	618,394	8,375	17,096	221,872	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,151,558	561,359	1,119,990	188,034	50.00
51.00 05100	RECOVERY ROOM	1,352,160	45,756	32,844	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	233,225	1,710	12,087	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,803,939	115,303	198,795	514,892	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,083,807	48,615	8,294	115,835	54.01
54.02 05404	ULTRA SOUND	580,649	21,607	735	169,847	54.02
54.03 05405	MAMMOGRAPHY	1,062,724	3,922	19,234	261,810	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	1,346,236	113,278	351,834	383,845	55.00
57.00 05700	CT SCAN	860,975	14,467	197,847	204,681	57.00
58.00 05800	MRI	403,789	12,930	17,643	92,509	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,096,747	150,831	131,134	521,567	59.00
60.00 06000	LABORATORY	6,829,942	154,566	270,589	1,251,397	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	764,241	17,412	43,829	133,518	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	761,596	7,528	5,486	25,181	62.00
65.00 06500	RESPIRATORY THERAPY	1,908,656	94,300	112,257	585,321	65.00
66.00 06600	PHYSICAL THERAPY	3,678,683	3,261	26,640	1,148,378	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,283,844	3,175	5,568	396,170	67.00
68.00 06800	SPEECH PATHOLOGY	818,929	0	18,713	258,896	68.00
69.00 06900	ELECTROCARDIOLOGY	551,736	20,084	32,901	167,770	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	720,196	0	16,193	221,986	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,805,635	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,824,540	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,698,466	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	494,455	0	32	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	102,286	22,541	10,760	33,665	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	704,122	65,323	23,147	213,692	90.00
90.01 09001	DIABETES CENTER	154,412	11,134	902	24,362	90.01
90.02 09002	NEUROPSYCH	85,251	2,026	375	26,589	90.02
90.03 09003	WOUND CENTER	1,320,877	0	2,139	135,821	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	292,189	0	319	758	90.04
91.00 09100	EMERGENCY	7,099,905	139,582	135,179	1,678,522	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,682,013	92,073	235,079	1,000,989	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	196,627,230	9,770,371	8,877,698	25,018,975	196,446,237 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,444	364	0	10,808	190.00
194.00 07950 WELLNESS COMMUNITY	264,657	0	17,451	58,111	340,219	194.00
194.01 07951 BUILDING RENTALS	75,404	19,064	0	0	94,468	194.01
194.02 07952 HOSPICE	54,239	0	0	0	54,239	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	233,619	0	0	0	233,619	194.04
194.05 07955 NONALLOWABLE MARKETING	1,634,274	0	0	0	1,634,274	194.05
194.06 07956 CRH FOUNDATION	-1,156	11,708	732	0	11,284	194.06
194.07 07957 HEALTHY COMMUNITIES	133,580	17,168	463	45,488	196,699	194.07
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	199,021,847	9,828,755	8,896,708	25,122,574	199,021,847 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,294,197				5.00
7.00	00700	OPERATION OF PLANT	2,938,411	14,513,474			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	183,749	33,697	941,275		8.00
9.00	00900	HOUSEKEEPING	722,607	265,166	0	3,834,285	9.00
10.00	01000	DIETARY	314,192	422,041	0	24,542	1,998,448
11.00	01100	CAFETERIA	357,071	325,466	0	52,693	0
13.00	01300	NURSING ADMINISTRATION	1,155,591	533,665	0	9,384	0
14.00	01400	CENTRAL SERVICES & SUPPLY	320,924	409,035	0	25,264	0
15.00	01500	PHARMACY	1,618,678	254,471	0	53,414	0
16.00	01600	MEDICAL RECORDS & LIBRARY	502,495	212,606	0	0	0
17.00	01700	SOCIAL SERVICE	178,320	16,230	0	1,444	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	159,404	35,363	0	7,940	0
23.02	02302	PHARMACY RESIDENCY PROG	122,159	20,207	0	3,609	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,228,993	4,106,316	359,435	1,491,990	1,543,672
31.00	03100	INTENSIVE CARE UNIT	900,400	588,966	44,325	118,378	167,086
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	584,134	595,737	52,303	142,920	245,249
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	219,773	31,332	12,824	1,444	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,813,171	2,099,994	192,775	578,174	9,907
51.00	05100	RECOVERY ROOM	363,208	171,170	29,008	93,114	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	62,708	6,395	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	668,387	431,339	88,676	96,723	464
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	318,984	181,865	0	77,234	0
54.02	05404	ULTRA SOUND	196,190	80,829	0	20,933	0
54.03	05405	MAMMOGRAPHY	342,121	14,672	7,867	39,700	0
55.00	05500	RADIOLOGY-THERAPEUTIC	557,265	423,761	6,267	67,851	2,812
57.00	05700	CT SCAN	324,422	54,119	0	9,384	0
58.00	05800	MRI	133,750	48,368	0	9,384	0
59.00	05900	CARDIAC CATHETERIZATION	736,256	564,244	4,489	83,009	4,180
60.00	06000	LABORATORY	2,159,433	578,217	0	67,851	0
60.01	06001	LABORATORY-PATHOLOGICAL	243,449	65,136	0	4,331	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	203,033	28,161	0	2,887	0
65.00	06500	RESPIRATORY THERAPY	685,549	352,767	0	46,196	0
66.00	06600	PHYSICAL THERAPY	1,232,974	12,200	19,661	0	0
67.00	06700	OCCUPATIONAL THERAPY	428,703	11,877	9,931	0	0
68.00	06800	SPEECH PATHOLOGY	278,364	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	196,102	75,132	0	15,158	0
70.00	07000	ELECTROENCEPHALOGRAPHY	243,290	0	1,254	181,898	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,235,372	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,224,743	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,223,594	0	0	0	0
74.00	07400	RENAL DIALYSIS	125,529	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	42,966	84,322	0	12,271	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	255,452	244,368	34,908	58,467	15,648
90.01	09001	DIABETES CENTER	48,438	41,651	0	2,165	0
90.02	09002	NEUROPSYCH	29,001	7,578	0	0	0
90.03	09003	WOUND CENTER	370,336	0	6,082	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	74,448	0	909	0	0
91.00	09100	EMERGENCY	2,298,215	522,164	70,561	409,270	9,430
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,018,006	344,437	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
111.00	11100		0	0	0	0	111.00
113.00	11300						113.00
118.00							118.00
		39,640,360	14,295,064	941,275	3,809,022	1,998,448	
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,744	39,071	0	0	0	190.00
194.00	07950	86,367	0	0	0	0	194.00
194.01	07951	23,981	71,317	0	0	0	194.01
194.02	07952	13,769	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	59,306	0	0	0	0	194.04
194.05	07955	414,872	0	0	0	0	194.05
194.06	07956	2,865	43,800	0	22,376	0	194.06
194.07	07957	49,933	64,222	0	2,887	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		40,294,197	14,513,474	941,275	3,834,285	1,998,448	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,141,812					11.00
13.00	01300	79,715	6,330,488				13.00
14.00	01400	27,271	113,004	2,159,690			14.00
15.00	01500	73,422	0	0	8,376,321		15.00
16.00	01600	60,835	0	0	0	2,755,379	16.00
17.00	01700	14,684	60,460	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	14,684	0	0	0	0	23.01
23.02	02302	10,489	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	516,047	2,060,737	109,861	7,064	699,521	30.00
31.00	03100	71,324	284,329	1,624	2,145	64,848	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	50,346	202,290	0	1,356	163,198	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	18,880	74,431	4,149	17	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	201,385	809,235	1,916,877	31,301	708,721	50.00
51.00	05100	31,466	125,628	0	93	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,098	10,070	0	44,164	0	53.00
54.00	05400	46,151	0	4,149	1,680	0	54.00
54.01	05402	8,391	0	0	114,776	0	54.01
54.02	05404	10,489	0	0	136	0	54.02
54.03	05405	25,173	0	2,526	144	0	54.03
55.00	05500	25,173	99,977	0	0	32,927	55.00
57.00	05700	16,782	0	0	6,123	0	57.00
58.00	05800	6,293	0	0	2,985	0	58.00
59.00	05900	39,857	158,314	16,596	4,126	62,835	59.00
60.00	06000	159,430	0	0	202	0	60.00
60.01	06001	14,684	0	0	53	138,466	60.01
62.00	06200	2,098	0	0	1	0	62.00
65.00	06500	58,737	238,696	3,067	3,316	129,408	65.00
66.00	06600	100,692	405,761	44,738	2,828	17,111	66.00
67.00	06700	29,369	115,372	0	454	3,595	67.00
68.00	06800	18,880	75,262	0	9	0	68.00
69.00	06900	14,684	58,943	0	3,875	320,787	69.00
70.00	07000	18,880	72,010	0	5	199,288	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8,089,107	0	73.00
74.00	07400	0	0	0	4,109	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	4,196	14,572	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	20,978	87,329	0	4,527	190,805	90.00
90.01	09001	2,098	9,400	0	0	0	90.01
90.02	09002	2,098	7,343	0	0	23,869	90.02
90.03	09003	12,587	52,270	46,001	39,973	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	0	0	0	0	91.00
92.00	09200	174,114	587,189	10,102	4,265	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	142,648	572,153	0	7,294	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,127,128	6,294,775	2,159,690	8,376,128	2,755,379	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	8,391	35,713	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	193	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	6,293	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,141,812	6,330,488	2,159,690	8,376,321	2,755,379	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	973,579				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		845,321		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			637,676	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	378,722	0	0	0	37,100,255
31.00	03100	INTENSIVE CARE UNIT	117,803	0	0	0	5,908,107
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	261,893	0	0	0	4,600,461
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	1,228,587
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	25,382,481
51.00	05100	RECOVERY ROOM	0	0	0	0	2,244,447
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	372,457
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	845,321	0	4,815,819
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	1,957,801
54.02	05404	ULTRA SOUND	0	0	0	0	1,081,415
54.03	05405	MAMMOGRAPHY	0	0	0	0	1,779,893
55.00	05500	RADIOLOGY-THERAPEUTIC	54,520	0	0	0	3,465,746
57.00	05700	CT SCAN	0	0	0	0	1,688,800
58.00	05800	MRI	0	0	0	0	727,651
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	4,574,185
60.00	06000	LABORATORY	0	0	0	0	11,471,627
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,425,119
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,035,971
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,218,270
66.00	06600	PHYSICAL THERAPY	0	0	0	0	6,692,927
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,288,058
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,469,053
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,457,172
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,675,000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,041,007
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,049,283
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	637,676	24,648,843
74.00	07400	RENAL DIALYSIS	0	0	0	0	624,125
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	327,579
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	157,720	0	0	0	2,076,486
90.01	09001	DIABETES CENTER	0	0	0	0	294,562
90.02	09002	NEUROPSYCH	0	0	0	0	184,130
90.03	09003	WOUND CENTER	0	0	0	0	1,986,086
90.04	09004	HYPERBARIC OXYGEN THERAPY	2,921	0	0	0	371,544
91.00	09100	EMERGENCY	0	0	0	0	13,138,498
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,094,692
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	973,579	0	845,321	637,676	195,498,137	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	52,623	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	470,690	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	189,766	194.01
194.02	07952	HOSPICE	0	0	0	0	68,201	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	292,925	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	2,049,146	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	80,325	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	320,034	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	973,579	0	845,321	637,676	199,021,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRA SOUND	0	54.02
54.03	05405	MAMMOGRAPHY	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	ACUPUNCTURE	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
90.02	09002	NEUROPSYCH	0	90.02
90.03	09003	WOUND CENTER	0	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	195,498,137	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,623	190.00
194.00	07950	WELLNESS COMMUNITY	0	470,690	194.00
194.01	07951	BUILDING RENTALS	0	189,766	194.01
194.02	07952	HOSPICE	0	68,201	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	292,925	194.04
194.05	07955	NONALLOWABLE MARKETING	0	2,049,146	194.05
194.06	07956	CRH FOUNDATION	0	80,325	194.06
194.07	07957	HEALTHY COMMUNITIES	0	320,034	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	199,021,847	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet Non-CMS W  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQ FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SAL	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQ FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	9	LDRY LBS	8.00
9.00	HOUSEKEEPING	10	TIME SPT	9.00
10.00	DIETARY	11	MEALS	10.00
11.00	CAFETERIA	12	FTES	11.00
13.00	NURSING ADMINISTRATION	13	NURS HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	STER SUP	14.00
15.00	PHARMACY	15	DRG COST	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPT	16.00
17.00	SOCIAL SERVICE	17	TIME SPT	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	18	PERCENT	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:03 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,637	184,850	10,451	212,938	212,938 4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	473,264	1,036,019	4,132,873	5,642,156	34,082 5. 00
7. 00 00700	OPERATION OF PLANT	58,085	4,728,218	310,964	5,097,267	6,078 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	9,008	0	9,008	173 8. 00
9. 00 00900	HOUSEKEEPING	200,755	70,883	12,176	283,814	5,095 9. 00
10. 00 01000	DIETARY	3,483	112,818	25,324	141,625	1,731 10. 00
11. 00 01100	CAFETERIA	7,715	87,002	56,078	150,795	3,833 11. 00
13. 00 01300	NURSING ADMINISTRATION	21,776	142,656	76,153	240,585	9,676 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	1,122	109,341	95,750	206,213	34 14. 00
15. 00 01500	PHARMACY	4,948	68,024	482,505	555,477	9,223 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	5,468	56,833	34,257	96,558	2,017 16. 00
17. 00 01700	SOCIAL SERVICE	2,530	4,339	80	6,949	1,562 17. 00
23. 00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23. 00
23. 01 02301	XRAY EDUCATION	0	9,453	21	9,474	1,435 23. 01
23. 02 02302	PHARMACY RESIDENCY PROG	0	5,402	0	5,402	1,047 23. 02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	177,962	1,097,679	416,640	1,692,281	40,446 30. 00
31. 00 03100	INTENSIVE CARE UNIT	65,880	157,439	157,833	381,152	6,618 31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	0 32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34. 00
40. 00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40. 00
41. 00 04100	SUBPROVIDER - IIRF	64,007	159,249	18,952	242,208	4,428 41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	0 42. 00
43. 00 04300	NURSERY	1,709	8,375	17,096	27,180	1,881 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	390,981	561,359	1,119,990	2,072,330	1,594 50. 00
51. 00 05100	RECOVERY ROOM	1,145	45,756	32,844	79,745	0 51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52. 00
53. 00 05300	ANESTHESIOLOGY	0	1,710	12,087	13,797	0 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	3,799	115,303	198,795	317,897	4,365 54. 00
54. 01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,775	48,615	8,294	59,684	982 54. 01
54. 02 05404	ULTRASOUND	77	21,607	735	22,419	1,440 54. 02
54. 03 05405	MAMMOGRAPHY	148,995	3,922	19,234	172,151	2,219 54. 03
55. 00 05500	RADIOLOGY-THERAPEUTIC	573	113,278	351,834	465,685	3,254 55. 00
57. 00 05700	CT SCAN	878	14,467	197,847	213,192	1,735 57. 00
58. 00 05800	MRI	46	12,930	17,643	30,619	784 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	29,735	150,831	131,134	311,700	4,421 59. 00
60. 00 06000	LABORATORY	19,770	154,566	270,589	444,925	10,608 60. 00
60. 01 06001	LABORATORY-PATHOLOGICAL	1,605	17,412	43,829	62,846	1,132 60. 01
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46	7,528	5,486	13,060	213 62. 00
65. 00 06500	RESPIRATORY THERAPY	42,657	94,300	112,257	249,214	4,962 65. 00
66. 00 06600	PHYSICAL THERAPY	371,911	3,261	26,640	401,812	9,735 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	2,108	3,175	5,568	10,851	3,358 67. 00
68. 00 06800	SPEECH PATHOLOGY	15,820	0	18,713	34,533	2,195 68. 00
69. 00 06900	ELECTROCARDIOLOGY	1,251	20,084	32,901	54,236	1,422 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	12,616	0	16,193	28,809	1,882 70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
74. 00 07400	RENAL DIALYSIS	0	0	32	32	0 74. 00
76. 00 03020	ACUPUNCTURE	0	0	0	0	0 76. 00
76. 97 07697	CARDIAC REHABILITATION	575	22,541	10,760	33,876	285 76. 97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89. 00
90. 00 09000	CLINIC	198	65,323	23,147	88,668	1,811 90. 00
90. 01 09001	DIABETES CENTER	37	11,134	902	12,073	207 90. 01
90. 02 09002	NEUROPSYCH	29	2,026	375	2,430	225 90. 02
90. 03 09003	WOUND CENTER	2,496	0	2,139	4,635	1,151 90. 03
90. 04 09004	HYPERBARIC OXYGEN THERAPY	230,655	0	319	230,974	6 90. 04
91. 00 09100	EMERGENCY	7,675	139,582	135,179	282,436	14,229 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92. 00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95. 00 09500	AMBULANCE SERVICES	31,180	92,073	235,079	358,332	8,485 95. 00
99. 10 09910	CORF	0	0	0	0	0 99. 10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,425,974	9,770,371	8,877,698	21,074,043	212,059	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,444	364	10,808	0	190.00
194.00 07950 WELLNESS COMMUNITY	54,681	0	17,451	72,132	493	194.00
194.01 07951 BUILDING RENTALS	32,773	19,064	0	51,837	0	194.01
194.02 07952 HOSPICE	0	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	-1,156	11,708	732	11,284	0	194.06
194.07 07957 HEALTHY COMMUNITIES	0	17,168	463	17,631	386	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,512,272	9,828,755	8,896,708	21,237,735	212,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:03 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,676,238				5.00
7.00	00700	OPERATION OF PLANT	413,936	5,517,281			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,885	12,810	47,876		8.00
9.00	00900	HOUSEKEEPING	101,794	100,803	0	491,506	9.00
10.00	01000	DIETARY	44,260	160,438	0	3,146	351,200
11.00	01100	CAFETERIA	50,301	123,725	0	6,755	0
13.00	01300	NURSING ADMINISTRATION	162,789	202,872	0	1,203	0
14.00	01400	CENTRAL SERVICES & SUPPLY	45,209	155,494	0	3,238	0
15.00	01500	PHARMACY	228,024	96,737	0	6,847	0
16.00	01600	MEDICAL RECORDS & LIBRARY	70,787	80,822	0	0	0
17.00	01700	SOCIAL SERVICE	25,120	6,170	0	185	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	22,455	13,443	0	1,018	0
23.02	02302	PHARMACY RESIDENCY PROG	17,209	7,682	0	463	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	736,581	1,561,012	18,285	191,252	271,279
31.00	03100	INTENSIVE CARE UNIT	126,840	223,895	2,254	15,175	29,363
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	82,287	226,469	2,660	18,320	43,099
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	30,960	11,911	652	185	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	537,164	798,311	9,805	74,115	1,741
51.00	05100	RECOVERY ROOM	51,165	65,070	1,475	11,936	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	8,834	2,431	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,156	163,973	4,510	12,399	82
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	44,936	69,136	0	9,900	0
54.02	05404	ULTRA SOUND	27,637	30,727	0	2,683	0
54.03	05405	MAMMOGRAPHY	48,195	5,577	400	5,089	0
55.00	05500	RADIOLOGY-THERAPEUTIC	78,502	161,092	319	8,698	494
57.00	05700	CT SCAN	45,701	20,573	0	1,203	0
58.00	05800	MRI	18,841	18,387	0	1,203	0
59.00	05900	CARDIAC CATHETERIZATION	103,717	214,497	228	10,641	735
60.00	06000	LABORATORY	304,201	219,809	0	8,698	0
60.01	06001	LABORATORY-PATHOLOGICAL	34,295	24,761	0	555	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	28,601	10,705	0	370	0
65.00	06500	RESPIRATORY THERAPY	96,574	134,104	0	5,922	0
66.00	06600	PHYSICAL THERAPY	173,690	4,638	1,000	0	0
67.00	06700	OCCUPATIONAL THERAPY	60,392	4,515	505	0	0
68.00	06800	SPEECH PATHOLOGY	39,213	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	27,625	28,561	0	1,943	0
70.00	07000	ELECTROENCEPHALOGRAPHY	34,272	0	64	23,317	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	314,898	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	172,530	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	454,110	0	0	0	0
74.00	07400	RENAL DIALYSIS	17,683	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	6,053	32,055	0	1,573	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	35,986	92,896	1,775	7,495	2,750
90.01	09001	DIABETES CENTER	6,824	15,833	0	278	0
90.02	09002	NEUROPSYCH	4,085	2,881	0	0	0
90.03	09003	WOUND CENTER	52,169	0	309	0	0
90.04	09004	HYPERBARIIC OXYGEN THERAPY	10,487	0	46	0	0
91.00	09100	EMERGENCY	323,751	198,500	3,589	52,463	1,657
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	143,407	130,937	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,584,131	5,434,252	47,876	488,268	351,200	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	387	14,853	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	12,167	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	3,378	27,111	0	0	0	194.01
194.02	07952	HOSPICE	1,940	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	8,354	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	58,443	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	404	16,651	0	2,868	0	194.06
194.07	07957	HEALTHY COMMUNITIES	7,034	24,414	0	370	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,676,238	5,517,281	47,876	491,506	351,200	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 3:03 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	335,409					11.00
13.00	01300	NURSING ADMINISTRATION	12,483	629,608				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,271	11,239	425,698			14.00
15.00	01500	PHARMACY	11,498	0	0	907,806		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,527	0	0	0	259,711	16.00
17.00	01700	SOCIAL SERVICE	2,300	6,013	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	2,300	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,643	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	80,808	204,954	21,655	766	65,934	30.00
31.00	03100	INTENSIVE CARE UNIT	11,169	28,278	320	233	6,112	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	7,884	20,119	0	147	15,382	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,957	7,403	818	2	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,537	80,484	377,838	3,392	66,802	50.00
51.00	05100	RECOVERY ROOM	4,928	12,494	0	10	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	329	1,002	0	4,786	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,227	0	818	182	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,314	0	0	12,439	0	54.01
54.02	05404	ULTRA SOUND	1,643	0	0	15	0	54.02
54.03	05405	MAMMOGRAPHY	3,942	0	498	16	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,942	9,943	0	0	3,104	55.00
57.00	05700	CT SCAN	2,628	0	0	664	0	57.00
58.00	05800	MRI	986	0	0	324	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,242	15,745	3,271	447	5,923	59.00
60.00	06000	LABORATORY	24,967	0	0	22	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	2,300	0	0	6	13,051	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	329	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	9,198	23,740	604	359	12,197	65.00
66.00	06600	PHYSICAL THERAPY	15,768	40,356	8,818	307	1,613	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,599	11,475	0	49	339	67.00
68.00	06800	SPEECH PATHOLOGY	2,957	7,485	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,300	5,862	0	420	30,236	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,957	7,162	0	1	18,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	876,676	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	445	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	657	1,449	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,285	8,685	0	491	17,984	90.00
90.01	09001	DIABETES CENTER	329	935	0	0	0	90.01
90.02	09002	NEUROPSYCH	329	730	0	0	2,250	90.02
90.03	09003	WOUND CENTER	1,971	5,199	9,067	4,332	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	27,266	58,400	1,991	462	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	22,339	56,904	0	791	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	333,109	626,056	425,698	907,785	259,711	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,314	3,552	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	21	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	986	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	335,409	629,608	425,698	907,806	259,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	48,299				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		50,125		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0		33,446		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	18,789			4,904,042	30.00
31.00	03100	INTENSIVE CARE UNIT	5,844			837,253	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - IPF	0			0	40.00
41.00	04100	SUBPROVIDER - IRF	12,992			675,995	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			83,949	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0			4,055,113	50.00
51.00	05100	RECOVERY ROOM	0			226,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			31,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			605,609	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			198,391	54.01
54.02	05404	ULTRA SOUND	0			86,564	54.02
54.03	05405	MAMMOGRAPHY	0			238,087	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	2,705			737,738	55.00
57.00	05700	CT SCAN	0			285,696	57.00
58.00	05800	MRI	0			71,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			677,567	59.00
60.00	06000	LABORATORY	0			1,013,230	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			138,946	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			53,278	62.00
65.00	06500	RESPIRATORY THERAPY	0			536,874	65.00
66.00	06600	PHYSICAL THERAPY	0			657,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			96,083	67.00
68.00	06800	SPEECH PATHOLOGY	0			86,384	68.00
69.00	06900	ELECTROCARDIOLOGY	0			152,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			117,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			314,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			172,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			1,330,786	73.00
74.00	07400	RENAL DIALYSIS	0			18,160	74.00
76.00	03020	ACUPUNCTURE	0			0	76.00
76.97	07697	CARDIAC REHABILITATION	0			75,948	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	7,824			269,650	90.00
90.01	09001	DIABETES CENTER	0			36,479	90.01
90.02	09002	NEUROPSYCH	0			12,930	90.02
90.03	09003	WOUND CENTER	0			78,833	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	145			241,658	90.04
91.00	09100	EMERGENCY	0			964,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0			721,195	95.00
99.10	09910	CORF	0			0	99.10
101.00	10100	HOME HEALTH AGENCY	0			0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description			SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,299	0	0	0	20,805,346	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				26,048	190.00
194.00	07950	WELLNESS COMMUNITY	0				89,658	194.00
194.01	07951	BUILDING RENTALS	0				82,326	194.01
194.02	07952	HOSPICE	0				1,961	194.02
194.03	07953	OUTREACH CLINICS	0				0	194.03
194.04	07954	SPEECH - HEARING AIDS	0				8,354	194.04
194.05	07955	NONALLOWABLE MARKETING	0				58,443	194.05
194.06	07956	CRH FOUNDATION	0				31,207	194.06
194.07	07957	HEALTHY COMMUNITIES	0				50,821	194.07
200.00		Cross Foot Adjustments		0	50,125	33,446	83,571	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,299	0	50,125	33,446	21,237,735	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 3:03 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.00	00500	ADMINISTRATIVE & GENERAL		5.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00	
23.01	02301	XRAY EDUCATION		23.01	
23.02	02302	PHARMACY RESIDENCY PROG		23.02	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	4,904,042	30.00
31.00	03100	INTENSIVE CARE UNIT	0	837,253	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	675,995	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	83,949	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	4,055,113	50.00
51.00	05100	RECOVERY ROOM	0	226,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	31,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	605,609	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	198,391	54.01
54.02	05404	ULTRA SOUND	0	86,564	54.02
54.03	05405	MAMMOGRAPHY	0	238,087	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	737,738	55.00
57.00	05700	CT SCAN	0	285,696	57.00
58.00	05800	MRI	0	71,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	677,567	59.00
60.00	06000	LABORATORY	0	1,013,230	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	138,946	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	53,278	62.00
65.00	06500	RESPIRATORY THERAPY	0	536,874	65.00
66.00	06600	PHYSICAL THERAPY	0	657,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	96,083	67.00
68.00	06800	SPEECH PATHOLOGY	0	86,384	68.00
69.00	06900	ELECTROCARDIOLOGY	0	152,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	117,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	314,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	172,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,330,786	73.00
74.00	07400	RENAL DIALYSIS	0	18,160	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	75,948	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	269,650	90.00
90.01	09001	DIABETES CENTER	0	36,479	90.01
90.02	09002	NEUROPSYCH	0	12,930	90.02
90.03	09003	WOUND CENTER	0	78,833	90.03
90.04	09004	HYPERBARIIC OXYGEN THERAPY	0	241,658	90.04
91.00	09100	EMERGENCY	0	964,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	721,195	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,805,346	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,048	190.00
194.00	07950	WELLNESS COMMUNITY	0	89,658	194.00
194.01	07951	BUILDING RENTALS	0	82,326	194.01
194.02	07952	HOSPICE	0	1,961	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	8,354	194.04
194.05	07955	NONALLOWABLE MARKETING	0	58,443	194.05
194.06	07956	CRH FOUNDATION	0	31,207	194.06
194.07	07957	HEALTHY COMMUNITIES	0	50,821	194.07
200.00		Cross Foot Adjustments	0	83,571	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	21,237,735	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	684,158				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,669,888			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,867	10,185	68,965,672		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	72,115	4,027,505	11,037,073	-40,294,197	5.00
7.00 00700	OPERATION OF PLANT	329,121	303,036	1,968,180	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	627	0	56,170	0	8.00
9.00 00900	HOUSEKEEPING	4,934	11,866	1,649,833	0	9.00
10.00 01000	DIETARY	7,853	24,678	560,598	0	10.00
11.00 01100	CAFETERIA	6,056	54,648	1,241,379	0	11.00
13.00 01300	NURSING ADMINISTRATION	9,930	74,211	3,133,307	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,611	93,309	10,877	0	14.00
15.00 01500	PHARMACY	4,735	470,204	2,986,773	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,956	33,384	653,118	0	16.00
17.00 01700	SOCIAL SERVICE	302	78	505,946	0	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	658	20	464,633	0	23.01
23.02 02302	PHARMACY RESIDENCY PROG	376	0	339,051	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	76,407	406,018	13,106,479	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,959	153,809	2,143,019	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,085	18,469	1,433,854	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	583	16,660	609,075	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	39,075	1,091,436	516,185	0	50.00
51.00 05100	RECOVERY ROOM	3,185	32,007	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	119	11,779	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,026	193,727	1,413,462	0	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	8,083	317,986	0	54.01
54.02 05404	ULTRASOUND	1,504	716	466,257	0	54.02
54.03 05405	MAMMOGRAPHY	273	18,744	718,710	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	7,885	342,864	1,053,716	0	55.00
57.00 05700	CT SCAN	1,007	192,803	561,882	0	57.00
58.00 05800	MRI	900	17,193	253,953	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,499	127,791	1,431,787	0	59.00
60.00 06000	LABORATORY	10,759	263,690	3,435,291	0	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	1,212	42,712	366,529	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	524	5,346	69,127	0	62.00
65.00 06500	RESPIRATORY THERAPY	6,564	109,395	1,606,802	0	65.00
66.00 06600	PHYSICAL THERAPY	227	25,961	3,152,486	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	221	5,426	1,087,551	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,236	710,711	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,398	32,062	460,555	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,780	609,387	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	31	0	0	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,569	10,486	92,416	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	4,547	22,557	586,619	0	90.00
90.01 09001	DIABETES CENTER	775	879	66,878	0	90.01
90.02 09002	NEUROPSYCH	141	365	72,991	0	90.02
90.03 09003	WOUND CENTER	0	2,084	372,851	0	90.03
90.04 09004	HYPERBARIC OXYGEN THERAPY	0	311	2,082	0	90.04
91.00 09100	EMERGENCY	9,716	131,733	4,607,818	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	6,409	229,086	2,747,880	0	95.00
99.10 09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ FEET)	MVBLE EQUIP (DEPR)					
	1.00	2.00	4.00				
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	680,094	8,651,363	68,681,277	-40,294,197	156,152,040		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	0	10,808		190.00
194.00 07950 WELLNESS COMMUNITY	0	17,006	159,524	0	340,219		194.00
194.01 07951 BUILDING RENTALS	1,327	0	0	0	94,468		194.01
194.02 07952 HOSPICE	0	0	0	0	54,239		194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0		194.03
194.04 07954 SPEECH - HEARING AIDS	0	0	0	0	233,619		194.04
194.05 07955 NONALLOWABLE MARKETING	0	0	0	0	1,634,274		194.05
194.06 07956 CRH FOUNDATION	815	713	0	0	11,284		194.06
194.07 07957 HEALTHY COMMUNITIES	1,195	451	124,871	0	196,699		194.07
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,828,755	8,896,708	25,122,574		40,294,197		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.366206	1.026162	0.364277		0.253857		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			212,938		5,676,238		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003088		0.035761		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	270,055					7.00
8.00	00800	627	1,045,796				8.00
9.00	00900	4,934	0	5,312			9.00
10.00	01000	7,853	0	34	154,914		10.00
11.00	01100	6,056	0	73	0	1,021	11.00
13.00	01300	9,930	0	13	0	38	13.00
14.00	01400	7,611	0	35	0	13	14.00
15.00	01500	4,735	0	74	0	35	15.00
16.00	01600	3,956	0	0	0	29	16.00
17.00	01700	302	0	2	0	7	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	658	0	11	0	7	23.01
23.02	02302	376	0	5	0	5	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	76,407	399,348	2,067	119,661	246	30.00
31.00	03100	10,959	49,247	164	12,952	34	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	11,085	58,111	198	19,011	24	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	583	14,248	2	0	9	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	39,075	214,181	801	768	96	50.00
51.00	05100	3,185	32,229	129	0	15	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	119	0	0	0	1	53.00
54.00	05400	8,026	98,523	134	36	22	54.00
54.01	05402	3,384	0	107	0	4	54.01
54.02	05404	1,504	0	29	0	5	54.02
54.03	05405	273	8,741	55	0	12	54.03
55.00	05500	7,885	6,963	94	218	12	55.00
57.00	05700	1,007	0	13	0	8	57.00
58.00	05800	900	0	13	0	3	58.00
59.00	05900	10,499	4,987	115	324	19	59.00
60.00	06000	10,759	0	94	0	76	60.00
60.01	06001	1,212	0	6	0	7	60.01
62.00	06200	524	0	4	0	1	62.00
65.00	06500	6,564	0	64	0	28	65.00
66.00	06600	227	21,844	0	0	48	66.00
67.00	06700	221	11,034	0	0	14	67.00
68.00	06800	0	0	0	0	9	68.00
69.00	06900	1,398	0	21	0	7	69.00
70.00	07000	0	1,393	252	0	9	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,569	0	17	0	2	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	4,547	38,784	81	1,213	10	90.00
90.01	09001	775	0	3	0	1	90.01
90.02	09002	141	0	0	0	1	90.02
90.03	09003	0	6,757	0	0	6	90.03
90.04	09004	0	1,010	0	0	0	90.04
91.00	09100	9,716	78,396	567	731	83	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	6,409	0	0	0	68	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		265,991	1,045,796	5,277	154,914	1,014	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	727	0	0	0	0	190.00
194.00	07950	0	0	0	0	4	194.00
194.01	07951	1,327	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	815	0	31	0	0	194.06
194.07	07957	1,195	0	4	0	3	194.07
200.00							200.00
201.00							201.00
202.00		14,513,474	941,275	3,834,285	1,998,448	2,141,812	202.00
203.00		53.742660	0.900056	721.815700	12.900371	2,097.759060	203.00
204.00		5,517,281	47,876	491,506	351,200	335,409	204.00
205.00		20.430212	0.045779	92.527485	2.267064	328.510284	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		(NURS HRS)					
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,569,122					13.00
14.00	01400	28,010	11,972				14.00
15.00	01500	0	0	12,790,401			15.00
16.00	01600	0	0	0	19,163		16.00
17.00	01700	14,986	0	0	0	1,000	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	510,790	609	10,787	4,865	389	30.00
31.00	03100	70,476	9	3,276	451	121	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	50,141	0	2,071	1,135	269	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	18,449	23	26	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	200,583	10,626	47,795	4,929	0	50.00
51.00	05100	31,139	0	142	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,496	0	67,437	0	0	53.00
54.00	05400	0	23	2,565	0	0	54.00
54.01	05402	0	0	175,260	0	0	54.01
54.02	05404	0	0	207	0	0	54.02
54.03	05405	0	14	220	0	0	54.03
55.00	05500	24,781	0	0	229	56	55.00
57.00	05700	0	0	9,349	0	0	57.00
58.00	05800	0	0	4,558	0	0	58.00
59.00	05900	39,241	92	6,300	437	0	59.00
60.00	06000	0	0	309	0	0	60.00
60.01	06001	0	0	81	963	0	60.01
62.00	06200	0	0	1	0	0	62.00
65.00	06500	59,165	17	5,063	900	0	65.00
66.00	06600	100,575	248	4,319	119	0	66.00
67.00	06700	28,597	0	694	25	0	67.00
68.00	06800	18,655	0	14	0	0	68.00
69.00	06900	14,610	0	5,917	2,231	0	69.00
70.00	07000	17,849	0	8	1,386	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	12,351,834	0	0	73.00
74.00	07400	0	0	6,275	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	3,612	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	21,646	0	6,912	1,327	162	90.00
90.01	09001	2,330	0	0	0	0	90.01
90.02	09002	1,820	0	0	166	0	90.02
90.03	09003	12,956	255	61,037	0	0	90.03
90.04	09004	0	0	0	0	3	90.04
91.00	09100	145,545	56	6,512	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	141,818	0	11,138	0	0	95.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,560,270	11,972	12,790,107	19,163	1,000 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	8,852	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	294	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,330,488	2,159,690	8,376,321	2,755,379	973,579 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.034414	180.395089	0.654891	143.786411	973.579000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	629,608	425,698	907,806	259,711	48,299 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.401249	35.557802	0.070976	13.552732	48.299000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
		23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
23.00	02300	0			23.00
23.01	02301		100		23.01
23.02	02302			100	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	100	0	54.00
54.01	05402	0	0	0	54.01
54.02	05404	0	0	0	54.02
54.03	05405	0	0	0	54.03
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	100	73.00
74.00	07400	0	0	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	0	0	90.03
90.04	09004	0	0	0	90.04
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
99.10	09910	0	0	0	99.10
101.00	10100	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet B-1

Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	845,321	637,676	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	8,453.210000	6,376.760000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	50,125	33,446	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	501.250000	334.460000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		37,100,255	93,532	37,193,787	30.00
31.00	03100 INTENSIVE CARE UNIT		5,908,107	0	5,908,107	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		4,600,461	0	4,600,461	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,228,587	0	1,228,587	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		25,382,481	95,709	25,478,190	50.00
51.00	05100 RECOVERY ROOM		2,244,447	0	2,244,447	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		372,457	9,090	381,547	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,815,819	0	4,815,819	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		1,957,801	0	1,957,801	54.01
54.02	05404 ULTRASOUND		1,081,415	0	1,081,415	54.02
54.03	05405 MAMMOGRAPHY		1,779,893	0	1,779,893	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,465,746	113,529	3,579,275	55.00
57.00	05700 CT SCAN		1,688,800	0	1,688,800	57.00
58.00	05800 MRI		727,651	0	727,651	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,574,185	46,676	4,620,861	59.00
60.00	06000 LABORATORY		11,471,627	0	11,471,627	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		1,425,119	37,356	1,462,475	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		1,035,971	0	1,035,971	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,218,270	0	4,218,270	65.00
66.00	06600 PHYSICAL THERAPY	0	6,692,927	24,579	6,717,506	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,288,058	0	2,288,058	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,469,053	0	1,469,053	68.00
69.00	06900 ELECTROCARDIOLOGY		1,457,172	22,806	1,479,978	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,675,000	0	1,675,000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		11,041,007	0	11,041,007	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,049,283	0	6,049,283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		24,648,843	0	24,648,843	73.00
74.00	07400 RENAL DIALYSIS		624,125	0	624,125	74.00
76.00	03020 ACUPUNCTURE		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		327,579	1,604	329,183	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		2,076,486	0	2,076,486	90.00
90.01	09001 DIABETES CENTER		294,562	0	294,562	90.01
90.02	09002 NEUROPSYCH		184,130	0	184,130	90.02
90.03	09003 WOUND CENTER		1,986,086	0	1,986,086	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY		371,544	0	371,544	90.04
91.00	09100 EMERGENCY		13,138,498	0	13,138,498	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,452,670	0	4,452,670	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		6,094,692	11	6,094,703	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		199,950,807	444,892	200,395,699	200.00
201.00	Less Observation Beds		4,452,670	0	4,452,670	201.00
202.00	Total (see instructions)		195,498,137	444,892	195,943,029	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	53,686,432		53,686,432		30.00
31.00	03100	INTENSIVE CARE UNIT	10,972,026		10,972,026		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	6,739,227		6,739,227		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,544,742		2,544,742		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	23,642,375	59,557,612	83,199,987	0.305078	50.00
51.00	05100	RECOVERY ROOM	2,071,981	4,072,434	6,144,415	0.365282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,031,641	6,189,510	10,221,151	0.036440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,521,775	3,860,269	5,382,044	0.894794	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,329,771	5,765,678	7,095,449	0.275923	54.01
54.02	05404	ULTRA SOUND	869,719	3,877,508	4,747,227	0.227799	54.02
54.03	05405	MAMMOGRAPHY	776	2,878,062	2,878,838	0.618268	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	169,391	8,756,937	8,926,328	0.388261	55.00
57.00	05700	CT SCAN	3,907,615	16,407,070	20,314,685	0.083132	57.00
58.00	05800	MRI	1,250,381	5,525,392	6,775,773	0.107390	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,313,945	8,827,614	19,141,559	0.238966	59.00
60.00	06000	LABORATORY	11,233,595	25,940,826	37,174,421	0.308589	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	490,116	4,275,241	4,765,357	0.299058	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,622,554	944,438	2,566,992	0.403574	62.00
65.00	06500	RESPIRATORY THERAPY	8,640,514	2,334,460	10,974,974	0.384354	65.00
66.00	06600	PHYSICAL THERAPY	3,539,996	11,428,170	14,968,166	0.447144	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,320,695	68,055	2,388,750	0.957847	67.00
68.00	06800	SPEECH PATHOLOGY	805,560	546,883	1,352,443	1.086222	68.00
69.00	06900	ELECTROCARDIOLOGY	4,978,739	7,782,090	12,760,829	0.114191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169,143	5,982,833	6,151,976	0.272270	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,030,357	8,982,558	19,012,915	0.580711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,770,855	6,091,055	15,861,910	0.381372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,134,181	37,066,611	67,200,792	0.366794	73.00
74.00	07400	RENAL DIALYSIS	1,643,263	0	1,643,263	0.379808	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	4,332	713,595	717,927	0.456285	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	33,390	4,180,455	4,213,845	0.492777	90.00
90.01	09001	DIABETES CENTER	0	73,275	73,275	4.019952	90.01
90.02	09002	NEUROPSYCH	3,091	253,424	256,515	0.717814	90.02
90.03	09003	WOUND CENTER	38,322	4,924,708	4,963,030	0.400176	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	8,348	1,956,420	1,964,768	0.189103	90.04
91.00	09100	EMERGENCY	12,773,853	47,970,396	60,744,249	0.216292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,428,947	9,428,947	0.472234	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	10,408,035	10,408,035	0.585576	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	221,292,701	317,070,561	538,363,262		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	221,292,701	317,070,561	538,363,262		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 3:03 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.306228		50.00
51.00	05100 RECOVERY ROOM	0.365282		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.037329		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.894794		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.275923		54.01
54.02	05404 ULTRASOUND	0.227799		54.02
54.03	05405 MAMMOGRAPHY	0.618268		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.400980		55.00
57.00	05700 CT SCAN	0.083132		57.00
58.00	05800 MRI	0.107390		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.241405		59.00
60.00	06000 LABORATORY	0.308589		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.306897		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.403574		62.00
65.00	06500 RESPIRATORY THERAPY	0.384354		65.00
66.00	06600 PHYSICAL THERAPY	0.448786		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.957847		67.00
68.00	06800 SPEECH PATHOLOGY	1.086222		68.00
69.00	06900 ELECTROCARDIOLOGY	0.115978		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272270		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.580711		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.381372		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.366794		73.00
74.00	07400 RENAL DIALYSIS	0.379808		74.00
76.00	03020 ACUPUNCTURE	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.458519		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.492777		90.00
90.01	09001 DIABETES CENTER	4.019952		90.01
90.02	09002 NEUROPSYCH	0.717814		90.02
90.03	09003 WOUND CENTER	0.400176		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.189103		90.04
91.00	09100 EMERGENCY	0.216292		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.472234		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.585577		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet D  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,904,042	0	4,904,042	29,896	164.04	30.00
31.00	INTENSIVE CARE UNIT	837,253		837,253	2,875	291.22	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	675,995	0	675,995	4,220	160.19	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	83,949		83,949	3,324	25.26	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	6,501,239		6,501,239	40,315		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,268	2,012,443				
31.00	INTENSIVE CARE UNIT	1,367	398,098				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,825	452,537				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	16,460	2,863,078				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 3:03 pm		
Title XVIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,055,113	83,199,987	0.048739	11,869,060	578,486	50.00
51.00	05100 RECOVERY ROOM	226,823	6,144,415	0.036915	1,090,118	40,242	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	31,179	10,221,151	0.003050	1,954,216	5,960	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	605,609	5,382,044	0.112524	863,971	97,217	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	198,391	7,095,449	0.027960	851,511	23,808	54.01
54.02	05404 ULTRASOUND	86,564	4,747,227	0.018235	480,606	8,764	54.02
54.03	05405 MAMMOGRAPHY	238,087	2,878,838	0.082702	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	737,738	8,926,328	0.082647	69,107	5,711	55.00
57.00	05700 CT SCAN	285,696	20,314,685	0.014064	2,170,692	30,529	57.00
58.00	05800 MRI	71,144	6,775,773	0.010500	639,653	6,716	58.00
59.00	05900 CARDIAC CATHETERIZATION	677,567	19,141,559	0.035398	4,642,794	164,346	59.00
60.00	06000 LABORATORY	1,013,230	37,174,421	0.027256	5,579,904	152,086	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	138,946	4,765,357	0.029158	244,780	7,137	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	53,278	2,566,992	0.020755	869,224	18,041	62.00
65.00	06500 RESPIRATORY THERAPY	536,874	10,974,974	0.048918	4,714,024	230,601	65.00
66.00	06600 PHYSICAL THERAPY	657,737	14,968,166	0.043942	1,302,505	57,235	66.00
67.00	06700 OCCUPATIONAL THERAPY	96,083	2,388,750	0.040223	445,702	17,927	67.00
68.00	06800 SPEECH PATHOLOGY	86,384	1,352,443	0.063873	132,396	8,457	68.00
69.00	06900 ELECTROCARDIOLOGY	152,605	12,760,829	0.011959	2,796,901	33,448	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,248	6,151,976	0.019059	108,857	2,075	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	314,898	19,012,915	0.016562	5,297,796	87,742	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	172,530	15,861,910	0.010877	5,193,858	56,494	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,330,786	67,200,792	0.019803	15,165,589	300,324	73.00
74.00	07400 RENAL DIALYSIS	18,160	1,643,263	0.011051	868,675	9,600	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	75,948	717,927	0.105788	1,433	152	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	269,650	4,213,845	0.063991	15,645	1,001	90.00
90.01	09001 DIABETES CENTER	36,479	73,275	0.497837	0	0	90.01
90.02	09002 NEUROPSYCH	12,930	256,515	0.050406	1,686	85	90.02
90.03	09003 WOUND CENTER	78,833	4,963,030	0.015884	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	241,658	1,964,768	0.122996	4,780	588	90.04
91.00	09100 EMERGENCY	964,744	60,744,249	0.015882	7,376,783	117,158	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	587,089	9,428,947	0.062265	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	14,170,001	454,012,800		74,752,266	2,061,930	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 3:03 pm
---	--	----------------------	---	---

Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,896	0.00	12,268	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,875	0.00	1,367	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,220	0.00	2,825	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,324	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	40,315		16,460	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:03 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	845,321	0	845,321	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	637,676	0	637,676	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	1,482,997	0	1,482,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:03 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	83,199,987	0.000000	0.000000	11,869,060	50.00
51.00	05100	RECOVERY ROOM	0	6,144,415	0.000000	0.000000	1,090,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,221,151	0.000000	0.000000	1,954,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	845,321	5,382,044	0.157063	0.157063	863,971	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	7,095,449	0.000000	0.000000	851,511	54.01
54.02	05404	ULTRASOUND	0	4,747,227	0.000000	0.000000	480,606	54.02
54.03	05405	MAMMOGRAPHY	0	2,878,838	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,926,328	0.000000	0.000000	69,107	55.00
57.00	05700	CT SCAN	0	20,314,685	0.000000	0.000000	2,170,692	57.00
58.00	05800	MRI	0	6,775,773	0.000000	0.000000	639,653	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,141,559	0.000000	0.000000	4,642,794	59.00
60.00	06000	LABORATORY	0	37,174,421	0.000000	0.000000	5,579,904	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	4,765,357	0.000000	0.000000	244,780	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,566,992	0.000000	0.000000	869,224	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,974,974	0.000000	0.000000	4,714,024	65.00
66.00	06600	PHYSICAL THERAPY	0	14,968,166	0.000000	0.000000	1,302,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,388,750	0.000000	0.000000	445,702	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,352,443	0.000000	0.000000	132,396	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,760,829	0.000000	0.000000	2,796,901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,151,976	0.000000	0.000000	108,857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,012,915	0.000000	0.000000	5,297,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,861,910	0.000000	0.000000	5,193,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	637,676	67,200,792	0.009489	0.009489	15,165,589	73.00
74.00	07400	RENAL DIALYSIS	0	1,643,263	0.000000	0.000000	868,675	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	717,927	0.000000	0.000000	1,433	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	4,213,845	0.000000	0.000000	15,645	90.00
90.01	09001	DIABETES CENTER	0	73,275	0.000000	0.000000	0	90.01
90.02	09002	NEUROPSYCH	0	256,515	0.000000	0.000000	1,686	90.02
90.03	09003	WOUND CENTER	0	4,963,030	0.000000	0.000000	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,964,768	0.000000	0.000000	4,780	90.04
91.00	09100	EMERGENCY	0	60,744,249	0.000000	0.000000	7,376,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,428,947	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,482,997	454,012,800			74,752,266	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Title VIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	17,018,310	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	827,202	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,448,578	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,698	1,268,046	199,163	0	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	2,201,223	0	0	0	54.01
54.02	05404	ULTRASOUND	0	1,183,044	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	241,681	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,862,068	0	0	0	55.00
57.00	05700	CT SCAN	0	4,909,756	0	0	0	57.00
58.00	05800	MRI	0	1,669,938	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,750,873	0	0	0	59.00
60.00	06000	LABORATORY	0	3,274,650	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	1,142,293	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	414,296	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	900,636	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,339	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	282	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	137,218	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,605,635	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,502,810	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,672,956	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,633,230	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,906	15,779,820	149,735	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	272,479	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,963,256	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	4,422	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	143,369	0	0	0	90.02
90.03	09003	WOUND CENTER	0	2,401,204	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,055,424	0	0	0	90.04
91.00	09100	EMERGENCY	0	10,540,456	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,178,865	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	279,604	88,006,359	348,898	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	05404 ULTRA SOUND	0	0			54.02
54.03	05405 MAMMOGRAPHY	0	0			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03020 ACUPUNCTURE	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
90.02	09002 NEUROPSYCH	0	0			90.02
90.03	09003 WOUND CENTER	0	0			90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.305078	17,018,310	0	0	5,191,912
51.00 05100 RECOVERY ROOM	0.365282	827,202	0	0	302,162
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.036440	1,448,578	0	0	52,786
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.894794	1,268,046	0	0	1,134,640
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.275923	2,201,223	0	0	607,368
54.02 05404 ULTRA SOUND	0.227799	1,183,044	0	0	269,496
54.03 05405 MAMMOGRAPHY	0.618268	241,681	0	0	149,424
55.00 05500 RADIOLOGY-THERAPEUTIC	0.388261	3,862,068	0	0	1,499,490
57.00 05700 CT SCAN	0.083132	4,909,756	0	0	408,158
58.00 05800 MRI	0.107390	1,669,938	0	0	179,335
59.00 05900 CARDIAC CATHETERIZATION	0.238966	3,750,873	0	0	896,331
60.00 06000 LABORATORY	0.308589	3,274,650	0	0	1,010,521
60.01 06001 LABORATORY-PATHOLOGICAL	0.299058	1,142,293	0	0	341,612
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.403574	414,296	0	0	167,199
65.00 06500 RESPIRATORY THERAPY	0.384354	900,636	0	0	346,163
66.00 06600 PHYSICAL THERAPY	0.447144	2,339	0	0	1,046
67.00 06700 OCCUPATIONAL THERAPY	0.957847	282	0	0	270
68.00 06800 SPEECH PATHOLOGY	1.086222	137,218	0	0	149,049
69.00 06900 ELECTROCARDIOLOGY	0.114191	2,605,635	0	0	297,540
70.00 07000 ELECTROENCEPHALOGRAPHY	0.272270	1,502,810	0	0	409,170
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.580711	2,672,956	0	0	1,552,215
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.381372	2,633,230	0	0	1,004,240
73.00 07300 DRUGS CHARGED TO PATIENTS	0.366794	15,779,820	0	0	5,787,943
74.00 07400 RENAL DIALYSIS	0.379808	0	0	0	0
76.00 03020 ACUPUNCTURE	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.456285	272,479	0	0	124,328
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.492777	1,963,256	0	0	967,447
90.01 09001 DIABETES CENTER	4.019952	4,422	0	0	17,776
90.02 09002 NEUROPSYCH	0.717814	143,369	0	0	102,912
90.03 09003 WOUND CENTER	0.400176	2,401,204	0	0	960,904
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.189103	1,055,424	0	0	199,584
91.00 09100 EMERGENCY	0.216292	10,540,456	0	0	2,279,816
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.472234	2,178,865	0	0	1,028,934
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.585576		0	0	
200.00 Subtotal (see instructions)		88,006,359	0	0	27,439,771
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		88,006,359	0	0	27,439,771

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet D  
Part V  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02	05404 ULTRA SOUND	0	0		54.02
54.03	05405 MAMMOGRAPHY	0	0		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 ACUPUNCTURE	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 DIABETES CENTER	0	0		90.01
90.02	09002 NEUROPSYCH	0	0		90.02
90.03	09003 WOUND CENTER	0	0		90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0		90.04
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 3:03 pm		
		Component CCN: 15T112		Title XVIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,055,113	83,199,987	0.048739	7,664	374	50.00
51.00	05100	RECOVERY ROOM	226,823	6,144,415	0.036915	1,326	49	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,179	10,221,151	0.003050	1,202	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,609	5,382,044	0.112524	27,292	3,071	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	198,391	7,095,449	0.027960	2,645	74	54.01
54.02	05404	ULTRA SOUND	86,564	4,747,227	0.018235	21,479	392	54.02
54.03	05405	MAMMOGRAPHY	238,087	2,878,838	0.082702	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	737,738	8,926,328	0.082647	0	0	55.00
57.00	05700	CT SCAN	285,696	20,314,685	0.014064	39,015	549	57.00
58.00	05800	MRI	71,144	6,775,773	0.010500	7,792	82	58.00
59.00	05900	CARDIAC CATHETERIZATION	677,567	19,141,559	0.035398	0	0	59.00
60.00	06000	LABORATORY	1,013,230	37,174,421	0.027256	292,228	7,965	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	138,946	4,765,357	0.029158	1,266	37	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	53,278	2,566,992	0.020755	17,274	359	62.00
65.00	06500	RESPIRATORY THERAPY	536,874	10,974,974	0.048918	106,635	5,216	65.00
66.00	06600	PHYSICAL THERAPY	657,737	14,968,166	0.043942	994,104	43,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	96,083	2,388,750	0.040223	968,586	38,959	67.00
68.00	06800	SPEECH PATHOLOGY	86,384	1,352,443	0.063873	362,508	23,154	68.00
69.00	06900	ELECTROCARDIOLOGY	152,605	12,760,829	0.011959	31,229	373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	117,248	6,151,976	0.019059	1,986	38	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	314,898	19,012,915	0.016562	117,559	1,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	172,530	15,861,910	0.010877	254	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,330,786	67,200,792	0.019803	868,565	17,200	73.00
74.00	07400	RENAL DIALYSIS	18,160	1,643,263	0.011051	85,950	950	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	75,948	717,927	0.105788	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	269,650	4,213,845	0.063991	0	0	90.00
90.01	09001	DIABETES CENTER	36,479	73,275	0.497837	0	0	90.01
90.02	09002	NEUROPSYCH	12,930	256,515	0.050406	340	17	90.02
90.03	09003	WOUND CENTER	78,833	4,963,030	0.015884	0	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	241,658	1,964,768	0.122996	0	0	90.04
91.00	09100	EMERGENCY	964,744	60,744,249	0.015882	6,639	105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,428,947	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	13,582,912	454,012,800		3,963,538	144,601	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

Period:

Worksheet D

Component CCN: 15T112

From 01/01/2015  
To 12/31/2015

Part IV  
Date/Time Prepared:  
5/24/2016 3:03 pm

Title XVIII

Subprovider -  
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	845,321	845,321	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	637,676	637,676	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	1,482,997	1,482,997	95.00
200.00		Total (lines 50-199)	0	0	1,482,997	1,482,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	83,199,987	0.000000	0.000000	7,664	50.00
51.00	05100 RECOVERY ROOM	0	6,144,415	0.000000	0.000000	1,326	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	10,221,151	0.000000	0.000000	1,202	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	845,321	5,382,044	0.157063	0.157063	27,292	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	7,095,449	0.000000	0.000000	2,645	54.01
54.02	05404 ULTRA SOUND	0	4,747,227	0.000000	0.000000	21,479	54.02
54.03	05405 MAMMOGRAPHY	0	2,878,838	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,926,328	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	20,314,685	0.000000	0.000000	39,015	57.00
58.00	05800 MRI	0	6,775,773	0.000000	0.000000	7,792	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,141,559	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	37,174,421	0.000000	0.000000	292,228	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,765,357	0.000000	0.000000	1,266	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,566,992	0.000000	0.000000	17,274	62.00
65.00	06500 RESPIRATORY THERAPY	0	10,974,974	0.000000	0.000000	106,635	65.00
66.00	06600 PHYSICAL THERAPY	0	14,968,166	0.000000	0.000000	994,104	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,388,750	0.000000	0.000000	968,586	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,352,443	0.000000	0.000000	362,508	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,760,829	0.000000	0.000000	31,229	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,151,976	0.000000	0.000000	1,986	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,012,915	0.000000	0.000000	117,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,861,910	0.000000	0.000000	254	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	637,676	67,200,792	0.009489	0.009489	868,565	73.00
74.00	07400 RENAL DIALYSIS	0	1,643,263	0.000000	0.000000	85,950	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	717,927	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	4,213,845	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CENTER	0	73,275	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	256,515	0.000000	0.000000	340	90.02
90.03	09003 WOUND CENTER	0	4,963,030	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARI C OXYGEN THERAPY	0	1,964,768	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	60,744,249	0.000000	0.000000	6,639	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,428,947	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,482,997	454,012,800			3,963,538	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:03 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,287	0	0	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,242	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	12,529	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 3:03 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	90.02
90.03	09003 WOUND CENTER	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 3:03 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,896	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,896	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		26,317	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,268	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,193,787	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		37,193,787	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,193,787	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,244.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,262,741	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,262,741	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2016 3:03 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	5,908,107	2,875	2,054.99	1,367	2,809,171		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,645,781		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,717,693		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,410,541		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,341,534		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,752,075		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,965,618		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					3,579		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,244.11		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,452,670		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:03 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,904,042	37,193,787	0.131851	4,452,670	587,089	90.00
91.00	Nursing School cost	0	37,193,787	0.000000	4,452,670	0	91.00
92.00	Allied health cost	0	37,193,787	0.000000	4,452,670	0	92.00
93.00	All other Medical Education	0	37,193,787	0.000000	4,452,670	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T112		Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,220	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,220	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,220	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,825	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,600,461	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,600,461	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,600,461	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,090.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,079,702	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,079,702	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T112				Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,368,621		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,448,323		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					452,537		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					157,130		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					609,667		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,838,656		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112 Component CCN: 15T112		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,995	4,600,461	0.146941	0	0	90.00
91.00	Nursing School cost	0	4,600,461	0.000000	0	0	91.00
92.00	Allied health cost	0	4,600,461	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,600,461	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 3:03 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		21,641,788	30.00
31.00	03100	INTENSIVE CARE UNIT		5,303,663	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.306228	11,869,060	3,634,639 50.00
51.00	05100	RECOVERY ROOM	0.365282	1,090,118	398,200 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.037329	1,954,216	72,949 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.894794	863,971	773,076 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.275923	851,511	234,951 54.01
54.02	05404	ULTRA SOUND	0.227799	480,606	109,482 54.02
54.03	05405	MAMMOGRAPHY	0.618268	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.400980	69,107	27,711 55.00
57.00	05700	CT SCAN	0.083132	2,170,692	180,454 57.00
58.00	05800	MRI	0.107390	639,653	68,692 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.241405	4,642,794	1,120,794 59.00
60.00	06000	LABORATORY	0.308589	5,579,904	1,721,897 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.306897	244,780	75,122 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.403574	869,224	350,796 62.00
65.00	06500	RESPIRATORY THERAPY	0.384354	4,714,024	1,811,854 65.00
66.00	06600	PHYSICAL THERAPY	0.448786	1,302,505	584,546 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.957847	445,702	426,914 67.00
68.00	06800	SPEECH PATHOLOGY	1.086222	132,396	143,811 68.00
69.00	06900	ELECTROCARDIOLOGY	0.115978	2,796,901	324,379 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272270	108,857	29,638 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.580711	5,297,796	3,076,488 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.381372	5,193,858	1,980,792 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.366794	15,165,589	5,562,647 73.00
74.00	07400	RENAL DIALYSIS	0.379808	868,675	329,930 74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.458519	1,433	657 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.492777	15,645	7,709 90.00
90.01	09001	DIABETES CENTER	4.019952	0	0 90.01
90.02	09002	NEUROPSYCH	0.717814	1,686	1,210 90.02
90.03	09003	WOUND CENTER	0.400176	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.189103	4,780	904 90.04
91.00	09100	EMERGENCY	0.216292	7,376,783	1,595,539 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.472234	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		74,752,266	24,645,781 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		74,752,266	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T112		Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,504,759	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.306228	7,664	50.00
51.00	05100	RECOVERY ROOM	0.365282	1,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.037329	1,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.894794	27,292	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.275923	2,645	54.01
54.02	05404	ULTRA SOUND	0.227799	21,479	54.02
54.03	05405	MAMMOGRAPHY	0.618268	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.400980	0	55.00
57.00	05700	CT SCAN	0.083132	39,015	57.00
58.00	05800	MRI	0.107390	7,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.241405	0	59.00
60.00	06000	LABORATORY	0.308589	292,228	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.306897	1,266	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.403574	17,274	62.00
65.00	06500	RESPIRATORY THERAPY	0.384354	106,635	65.00
66.00	06600	PHYSICAL THERAPY	0.448786	994,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.957847	968,586	67.00
68.00	06800	SPEECH PATHOLOGY	1.086222	362,508	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115978	31,229	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272270	1,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.580711	117,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.381372	254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.366794	868,565	73.00
74.00	07400	RENAL DIALYSIS	0.379808	85,950	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.458519	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.492777	0	90.00
90.01	09001	DIABETES CENTER	4.019952	0	90.01
90.02	09002	NEUROPSYCH	0.717814	340	90.02
90.03	09003	WOUND CENTER	0.400176	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	0.189103	0	90.04
91.00	09100	EMERGENCY	0.216292	6,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.472234	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,963,538	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,963,538	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		23,193,873	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,731,291	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,104,516	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		140.19	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.94	31.00
32.00	Sum of lines 30 and 31		28.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.32	33.00
34.00	Disproportionate share adjustment (see instructions)		952,495	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000225986	0.000223584	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,728,261	1,432,310	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,292,644	360,034	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,652,678		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		34,634,853		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		34,634,853		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,840,252		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		37,100		53.00
54.00	Special add-on payments for new technologies		12,121		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		279,604		58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,803,930		59.00
60.00	Primary payer payments		42,006		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,761,924		61.00
62.00	Deductibles billed to program beneficiaries		3,431,916		62.00
63.00	Coinurance billed to program beneficiaries		66,582		63.00
64.00	Allowable bad debts (see instructions)		246,291		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		160,089		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		149,074		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,423,515		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		86,901		70.93
70.94	HRR adjustment amount (see instructions)		-63,885		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,446,531		71.00
71.01	Sequestration adjustment (see instructions)		688,931		71.01
72.00	Interim payments		33,560,163		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		197,437		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		2,155,386		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		1.0038863678	0.9996760563	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9975	0.9992	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/24/2016 3:03 pm	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.07	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.94	0.00			21.94	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	28.01	0.00			21.94	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	140.19	0.00			140.19	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	12.32	0.00			7.32	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.07	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	1.43	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,499	0			1,499	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,835	0			2,835	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	7	0			7	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,738	0			2,738	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	54	0			54	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,133	0			7,133	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	32,516	0			32,516	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	32,516	0			32,516	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.94	0.00			21.94	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2015 To 12/31/2015		Worksheet DSH Date/Time Prepared: 5/24/2016 3:03 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.32		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.32		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.32		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet DSH Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.32	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	7.32	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.32	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,090,873	2.00
3.00	PPS payments		22,572,469	3.00
4.00	Outlier payment (see instructions)		149,882	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		348,898	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		23,071,249	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,637,605	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,433,644	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,433,644	30.00
31.00	Primary payer payments		5,824	31.00
32.00	Subtotal (line 30 minus line 31)		18,427,820	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		487,097	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		316,613	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		419,702	36.00
37.00	Subtotal (see instructions)		18,744,433	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,744,433	40.00
40.01	Sequestration adjustment (see instructions)		374,889	40.01
41.00	Interim payments		18,228,300	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		141,244	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		423,250	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		33,492,563		18,045,600	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/29/2015	67,600	07/29/2015	182,700	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		67,600		182,700	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		33,560,163		18,228,300	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		197,437		141,244	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		33,757,600		18,369,544	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112  
Component CCN: 15T112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2016 3:03 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,536,750		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,536,750		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		35,826		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,572,576		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		8,612	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		13,635	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,652	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		29,192	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		538,363,262	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		15,799,419	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,003,773	8.00
9.00	Sequestration adjustment amount (see instructions)		20,075	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		983,698	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		996,838	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		-13,140	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,888,837 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0143 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			76,221 3.00
4.00	Outlier Payments			721,165 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.561644 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,686,223 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,686,223 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,686,223 19.00
20.00	Deductibles			30,240 20.00
21.00	Subtotal (line 19 minus line 20)			4,655,983 21.00
22.00	Coinsurance			4,256 22.00
23.00	Subtotal (line 21 minus line 22)			4,651,727 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,520 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,638 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,520 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,653,365 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			12,529 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,665,894 32.00
32.01	Sequestration adjustment (see instructions)			93,318 32.01
33.00	Interim payments			4,536,750 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			35,826 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			721,165 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G

Date/Time Prepared:  
5/24/2016 3:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	21,898,563	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	53,102,855	0	0	0	4.00
5.00	Other receivable	16,048,308	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-24,103,316	0	0	0	6.00
7.00	Inventory	3,322,963	0	0	0	7.00
8.00	Prepaid expenses	3,816,790	0	0	0	8.00
9.00	Other current assets	2,419,580	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	76,505,743	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,806,052	0	0	0	12.00
13.00	Land improvements	20,531,039	0	0	0	13.00
14.00	Accumulated depreciation	-11,255,764	0	0	0	14.00
15.00	Buildings	201,514,543	0	0	0	15.00
16.00	Accumulated depreciation	-115,494,901	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	8,156,999	0	0	0	19.00
20.00	Accumulated depreciation	-5,398,102	0	0	0	20.00
21.00	Automobiles and trucks	1,714,030	0	0	0	21.00
22.00	Accumulated depreciation	-1,284,514	0	0	0	22.00
23.00	Major movable equipment	128,435,381	0	0	0	23.00
24.00	Accumulated depreciation	-96,091,441	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	132,633,322	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	10,356,201	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	172,308,151	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	182,664,352	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	391,803,417	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,304,905	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,688,088	0	0	0	38.00
39.00	Payroll taxes payable	918,993	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,465,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,471,574	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,848,560	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	67,735,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,376,584	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	70,111,584	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	103,960,144	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	287,843,273				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	287,843,273	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	391,803,417	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-1

Date/Time Prepared:  
5/24/2016 3:03 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		282,891,486		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,951,787			2.00
3.00	Total (sum of line 1 and line 2)		287,843,273		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		287,843,273		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		287,843,273		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2016 3:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	53,685,942		53,685,942	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,739,227		6,739,227	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	60,425,169		60,425,169	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,972,026		10,972,026	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,972,026		10,972,026	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,397,195		71,397,195	17.00
18.00	Ancillary services	134,416,118	260,309,314	394,725,432	18.00
19.00	Outpatient services	12,773,853	47,970,396	60,744,249	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	10,408,035	10,408,035	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	2,544,742	0	2,544,742	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	221,131,908	318,687,745	539,819,653	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		219,234,621		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	10,209,366			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		10,209,366		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		229,443,987		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150112

Period:  
From 01/01/2015  
To 12/31/2015

Worksheet G-3

Date/Time Prepared:  
5/24/2016 3:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	539,819,653	1.00
2.00	Less contractual allowances and discounts on patients' accounts	289,839,298	2.00
3.00	Net patient revenues (line 1 minus line 2)	249,980,355	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	229,443,987	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,536,368	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	79,001	6.00
7.00	Income from investments	6,668,524	7.00
8.00	Revenues from telephone and other miscellaneous communication services	31,620	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	93,271	10.00
11.00	Rebates and refunds of expenses	2,578	11.00
12.00	Parking lot receipts	40	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	986,387	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	55,671	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	23,265	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,432	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	2,234	20.00
21.00	Rental of vending machines	195	21.00
22.00	Rental of hospital space	75,579	22.00
23.00	Governmental appropriations	436,612	23.00
24.00	UNREALIZED INVESTMENT GAINS (LOSSES)	-8,694,145	24.00
24.01	WELLNESS REVENUE	232,034	24.01
24.02	DEOBLIGATION OF CAPITAL GRANT FUNDS	-5,696,505	24.02
24.03	JOINT VENTURES	-194,061	24.03
24.04	CHANGE IN RESTRICTED FUND BALANCES	-7,314	24.04
24.05	EAP REVENUE	24,752	24.05
24.06	OTHER OPERATING INCOME	517,104	24.06
25.00	Total other income (sum of lines 6-24)	-5,342,726	25.00
26.00	Total (line 5 plus line 25)	15,193,642	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	122,815	27.00
27.01	OTHER NON OPERATING EXPENSES	16,198,884	27.01
27.02	EQUITY TRANSFER	-6,079,844	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	10,241,855	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,951,787	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150112	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 3:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,474,640	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,340	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		79.98	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.94	8.00
9.00	Sum of lines 7 and 8		28.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.83	10.00
11.00	Disproportionate share adjustment (see instructions)		144,272	11.00
12.00	Total prospective capital payments (see instructions)		2,840,252	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00